



# **San Francisco VA Medical Center**

## **Psychology Postdoctoral Fellowship Program**

### **Clinical Psychology 2015-2016**

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## Overview

For 2015-2016, the San Francisco VA Medical Center will be offering seventeen (17) one-year postdoctoral psychology fellowships with emphasis areas in: Community-Based, General Mental Health (2 positions located at the Santa Rosa CBOC), Geropsychology (2 positions), HIV/HCV, Interprofessional LGBT Healthcare, Pain Psychology, Primary Care Psychology (4 positions), PTSD and Returning Veterans, PTSD and Substance Use Disorders Treatment, Psychosocial Rehabilitation, Substance Use and Co-occurring Disorders Treatment, Women's Mental Health and Primary Care: Evidence-Based Psychotherapy, and Women's Mental Health and Trauma.

The San Francisco VA's Psychology Fellowship is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA); next site visit is 2014. The Postdoctoral Residency in Clinical Neuropsychology is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA); next site visit is 2019. The San Francisco VA's Psychology Fellowship Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the Postdoctoral Residency in Clinical Neuropsychology is registered with the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN). Our Psychology Fellowship is affiliated with the University of California, San Francisco.

**Application Timetable:** The SFVAMC is utilizing exclusively the APPA CAS (APPIC Psychology Postdoctoral Application System) for applications for all one-year fellowships, with applications due by **December 1, 2014, 11:59pm PST**. All interviews will be conducted between **Thursday January 1, 2015 and Friday January 16, 2015**. You may apply to more than one emphasis area. Please submit electronic applications to APPA CAS at: <https://appicpostdoc.liaisoncas.com/applicant-ux/#/login>. The application(s) can be found with our brochure on our postdoctoral website at: <http://www.sanfrancisco.va.gov/education/psychologytraining.asp>.

Please see more details in the **Application & Selection Procedures** section.

## The Training Setting

### Hospital Community

The San Francisco VA Medical Center, or "Fort Miley," as it is known to native San Franciscans, is a nationally known teaching hospital in one of the most cosmopolitan cities in the world. Located on a hill seven miles from downtown San Francisco, the hospital overlooks the Pacific Ocean to the west and the Golden Gate Bridge to the north. The grounds cover approximately 30 acres and include 23 buildings. Each year San Francisco VA Medical Center provides Services to more than 400,000 veterans living in an eight-county area of Northern California. The Medical Center provides diagnostic and treatment services in a number of specialty areas including neurological diseases, cardiology, oncology, renal dialysis, and open heart surgery in addition to mental health treatment.

The San Francisco VA Medical Center is affiliated with the University of California, San Francisco (UCSF),

one of the top ranked medical schools in the country, and we train 1500 of their students in 60 professional and allied health academic programs yearly.

In addition to its broader commitment to the veteran population and education, SFVAMC has the largest funded research program in the Veterans Health Administration with more than \$87 million in annual research expenditures. Our Medical Center is the #1 ranked VA Medical Center in terms of research grants. There are over 220 active research projects currently being conducted. Areas of particular interest are: PTSD, substance use, neuroscience disease, aging, oncology, hypertension, stroke, cardiovascular disease, Hepatitis C, health services research and advanced medical imaging.

SFVAMC also has the largest non-profit research foundation, Northern California Institute for Research and Education (NCIRE), also known as The Veterans Health Research Institute, which administers \$54 million dollars from which indirect costs serve to enhance the VA research enterprise. The Medical Center has four Medical Science Research Enhancement Award Programs (REAP) in neurology research, prostate cancer, bone research, and rehabilitation research and one HSR&D REAP in aging research. It is one of the few medical centers in the world equipped for studies using both whole-body magnetic resonance imaging (MRI) and spectroscopy, and is the site of VA's National Center for the Imaging of Neurological Diseases.

The Medical Center is fully accredited by the Joint Commission for its general medical and surgical programs as well as its psychiatry and substance use programs. It is approved by the American Medical Association for the training of medical students and residents in all of the major specialties and subspecialties, the Council of Teaching Hospitals of the Association of American Medical Colleges, and the West Bay Hospital Conference.

#### Patient Population

The San Francisco VA Medical Center serves a predominantly male population ranging in age from 18 to 90+ years, although the number of women accessing services is increasing. All racial/ethnic groups are represented and there is a large LGBT community. Patients span the spectrum of socioeconomic classes but most are considered "working class."

Veterans do not have to have served in a war to receive benefits; however, the largest cohorts are the World War II / Korean Conflict veterans, most of whom are 65 to 90 years old, and the Vietnam Era veterans who are now in their fifties. Veterans from the Persian Gulf War (Desert Storm, Desert Shield) and the current conflicts in Iraq and Afghanistan (Operation Enduring Freedom [OEF], Operation Iraqi Freedom [OIF]) also receive health care in the VA system. Of late, particular attention has been paid to program development and special services in order to meet the needs of our returning soldiers.

#### **Psychology Setting within SFVAMC**

Psychological services and psychology training at San Francisco VA Medical Center are embedded into the Mental Health Service. The Mental Health Service teams have an interdisciplinary structure with the following disciplines represented: psychology, psychiatry, social work, nursing, internal medicine, addictions specialists.

Psychologists hold key positions in many of our specialized treatment clinics such as General Psychiatry

Outpatient Clinic, PTSD Clinical Team, Substance Use Disorders Programs, Neuropsychological and Psychological Assessment Program, Health Psychology, Integrated Mental Health and Primary Care, Health Promotion and Disease Prevention, Women's Clinic, Psychosocial Rehabilitation, Geropsychology, Home-based Primary Care, Suicide Prevention Team and our outlying Community-Based Outpatient Clinics in Santa Rosa and Eureka, CA. All supervising psychologists have clinical faculty appointments in the Department of Psychiatry (Langley Porter Psychiatric Institute), University of California, San Francisco Medical School.

There are currently 13 career development awardees (including four psychologists) at San Francisco VA showing the commitment of the Medical Center administration to funding trainees and young faculty members and increasing the next generation of basic and clinical scientists and VA faculty members. The clinical, teaching and scholarly achievements of our faculty are extensive, and are delineated at the end of this brochure.

### General Breadth of Training

Education of current and future health care providers is one of the five missions of the San Francisco VA Medical Center. Over 650 fellows, residents, interns and students from a wide array of disciplines train here yearly. Mental Health Grand Rounds occur regularly. Unit based in-services are offered regularly. Since the Mental Health Service is affiliated with the Department of Psychiatry, UCSF Medical School, our staff and trainees have access to their library, colloquia and seminars including weekly Psychiatry Grand Rounds. In 2000, the San Francisco VA Medical Center inaugurated a VA-funded clinical Postdoctoral Psychology Fellowship Program in clinical psychology with emphasis in the areas of Posttraumatic Stress Disorders (PTSD) and Substance Use Disorders (SUD). Since 2007, our fellowship has expanded to include emphasis areas in Women's Mental Health and Trauma, Primary Care Psychology, HIV/HCV Medicine, Psychosocial Rehabilitation, Rural Psychology and Community Mental Health and a 2-year Postdoctoral Residency in Clinical Neuropsychology. And in 2010 four newly funded fellowships were added to the Postdoctoral Psychology Program including expansion to a second position in Rural Psychology and Primary Care, a position in Geropsychology and Women's Mental Health and Primary Care. The San Francisco VA Medical Center also has an APA accredited Psychology Internship Training Program and a large Psychology Externship (practicum) Training Program. Fellows have the opportunity to supervise these trainees.

### **SFVAMC Web Site Link**

<http://www.sanfrancisco.va.gov/page.cfm?pg=86>

### **Training Model and Program Philosophy**

While some of our areas of emphasis do include research activities, the overall philosophy of our psychology training program is best described as scholar-practitioner. Training occurs in the context of the core clinic placements (emphasis areas).

The model is developmental in nature. We recognize that fellows come to us with different levels of experience and we strive to build upon baseline skills and competency benchmarks acquired during

predoctoral internship. The fellow will be granted progressively more autonomy and responsibility over the course of the year in an organized sequence. The goal is that the fellow graduate with the competencies of an advanced level psychologist. Advanced training is defined, but not limited to, the following criteria:

- Focused learning by means of intensive immersion in clinical experiences in the emphasis area with supervision by licensed psychologists with established competencies in these areas.
- Didactic training to provide a background and context in the empirical, clinical and other literatures relevant to the area of emphasis.
- Opportunity to acquire leadership, program development and supervisory skills.
- Greater depth of supervised clinical experiences than is feasible for a psychology intern on the same rotations. Examples include exposure to a wider variety of patients, more complicated or challenging cases, or cases requiring specialized skill sets.
- Opportunity to participate in scholarly activities relevant to the emphasis area under the mentorship of psychologists or psychiatrists involved in cutting-edge research in these areas.
- General professional development, including being treated as a junior colleague and internalizing the role of supervising and mentoring other trainees.
- Multicultural competence and the ability to work effectively with individuals of various ethnic and socioeconomic backgrounds, sexual orientation status, and religious affiliations.

The national training mission of VA is broad and explicitly includes training of health care professionals for the nation, as well as for the VA system. We train fellows who go on to VA jobs, and we train others who go on to work in research, academia, other medical centers, and the private sector. A number of our own postdoctoral fellows have recently gone on to obtain positions in VA careers, both here and at other facilities.

Our training program is sensitive to individual differences and diversity and is predicated on the idea that psychology practice is improved when we develop a broader and more compassionate view of individual differences. In our efforts to train culturally aware and competent psychologists, our program integrates diversity-focused training in the forms of clinical supervision, didactic seminars, and clinical case conferences. Our program faculty has expertise working with patients from various racial/ethnic groups, sexual/gender orientations, religious affiliations, and age groups.

A prime example of our commitment to cultural competence and diversity awareness is our active and expanding Psychology Diversity Curriculum Planning Committee, with members representing all levels of psychology at the SFVAMC, including faculty, fellows, interns, and externs. The Diversity Curriculum Planning Committee aims to provide a professional and open atmosphere that respects diversity and provides a forum to discuss issues related to cultural competence and diversity. Among the committee's activities are: presentation of case material for clinical consultation and discussion, presentations and didactics focused on culture and diversity, and integration of ongoing diversity trainings to faculty and trainees.

## **Program Goals and Objectives**

In the service of training fellows who think critically about psychological issues and apply theory to practice, we are clear about expectations of our graduates. These expectations are rooted in specific core

competency goals in the areas of assessment; intervention; consultation; supervision; professional, ethical, and legal conduct; scholarly inquiry; sensitivity to diversity, and professional development.

The Training Program Model and Philosophy are expressed in the following training goals:

1. Fellows will develop competence in psychological evaluation and assessment of adults with a variety of diagnoses, problems, and needs. Although fellows receive supervised training using a range of techniques, emphasis is placed on diagnostic interviewing and assessment.
2. Fellows will develop competence in the provision of psychological interventions and general psychotherapy skills through supervised experience in a range of clinical and theoretical approaches.
3. Fellows will develop competence in providing consultation and in translating psychological principles to colleagues, trainees, and others within an interdisciplinary system of learning. Fellows should be able to think rigorously about what they do as psychologists and within various contexts.
4. Fellows will develop skills in clinical supervision and teaching through supervised experience and didactic training.
5. Fellows will demonstrate professional behavior consistent with professional, ethical and legal standards, guidelines and policies. They will have a mature understanding of professional ethics as well as issues of ethnic, cultural, gender, socioeconomic and sexual diversity.
6. Fellows will understand the interface between science and practice and apply scientific knowledge to the clinical setting and become educated consumers of empirical research.

Fellows will develop the ability to utilize supervision and mentoring regarding professional development and growth. Fellows are expected to develop openness, flexibility and a sincere interest in reflective practice learning about themselves and their identities as psychologists.

## **Program Structure**

Each fellow is selected to join a particular emphasis area (outlined below) and training occurs in the context of the clinical rotations. The fellow will train in the clinic(s) associated with their particular area and receive supervision from the psychologists, psychiatrists and social workers leading those clinics. Even though there generally is one fellow per emphasis area, fellows often have the opportunity to work with each other in overlapping rotations.

Clinical activities include: comprehensive evaluations and brief treatments as part of an integrative multidisciplinary team in the Mental Health ACCESS Clinic; emphasis area evaluations and interviewing; assessment of cognitive, emotional, behavioral and personality functioning; differential diagnosis; psychotherapy with individuals, groups and couples; and development and delivery of psychoeducational material. Advanced interprofessional training through consultation with team members regarding patient care and writing of care plans is essential. The fellow receives seminar instruction and didactic material to facilitate learning skills related to the emphasis area. Fellows will also focus on developing supervision skills through supervised experience. There is also an importance placed on leadership, program development, and research.

As part of the training experience, every fellow participates in a Psychology Training and Fellows Seminar

led by Dr. Samuel Wan, Director of Training for the Psychology Postdoctoral Fellowship Program and co-  
led by Dr. Kellie Rollins, Director of Training for the Psychology Intern and Practicum Program. The  
Seminar is designed for the exploration of professional, clinical, and training issues with other fellows and  
staff. Supervision, consultation, leadership, ethics, cultural diversity, licensure and career direction issues  
are discussed. Completion of the EPPP in particular and CPSE if appropriate prior to the end of the fellowship  
year is strongly encouraged and fellows may use allocated authorized leave for study time. Additionally,  
presentations and didactics will be offered based on fellows' interest and agenda.

Fellows will also attend sessions of the UCSF CPTP Clinical Seminar Series co-chaired by Dr. John  
McQuaid and Dr. Sarah Holley which focuses on evidence-based clinical interventions, career development,  
and licensure issues and provides the opportunity to meet and integrate with fellows outside of the VA and  
other UC Faculty. Many of these seminars count for coursework required for licensure as a psychologist in  
California.

In keeping with our philosophy that postdoctoral fellows are considered "junior colleagues," fellows also  
attend the Psychology Faculty Meeting chaired by Dr. Russell Lemle, Chief Psychologist, which meets 2-3  
times per month. The agenda for this meeting focuses on issues current psychologists on staff are facing.  
Fellows have ample opportunities to participate in program development and take active leadership roles.  
All fellows have the opportunity to conduct an administrative project during the year. Examples of such are  
Externship Coordinator, Quality Improvement Projects, organizing training seminars, etc.

Research activities may be negotiated with your supervisor. The fellow may select a research mentor and  
meet weekly to discuss planned or ongoing research. The fellow may join an existing project or pick a topic  
of research interest, collaborate in the development of grants for new research projects, and attend  
regularly scheduled research laboratory meetings.

Time commitment: The fellowship requires a one-year (52 week), full-time training commitment of  
approximately 40 hours per week earning 2080 hours towards licensure.

Supervision: Fellows will receive at least four (4) hours of regularly scheduled supervision per week with a  
minimum of two supervisors, at least two of which will be individual supervision. Supervision and evaluation  
methods include self-report of clinical work, supervision sessions, live observation of client and/or staff  
interactions; review and co-signature of all written material such as progress notes or other additions to the  
computerized patient record system; observation of case formulation and case presentation in staff  
meetings, treatment planning conferences, and other multidisciplinary settings; review of process notes,  
audiotape recording and/or videotape recording of psychotherapy and assessment sessions; and the  
review of psychological testing protocols and reports. Fellows should expect to be assigned readings and  
literature reviews as part of their supervision.

Self Disclosure: Self-disclosure in forms of discussions about countertransference and personal reactions  
to patients may be required with some supervisors. Our attention to this is meant for the benefit of the  
fellow's patients and the fellow's reflective practice and professional development. Fellows may also be  
asked to disclose personal information in the context of their training if the supervisor feels that such  
personal information is needed in order to evaluate or obtain assistance for a fellow whose personal  
problems are preventing the fellow from performing professional activities competently or whose problems  
are posing a threat to the fellow or others.



Evaluations: Our goal is to produce graduates who are prepared to assume different roles as professional psychologists. The training goals stated above describe the core competencies that we feel are essential for this overarching goal and evaluations are necessary to guide and determine our progress in obtaining this goal. Fellows are formally evaluated three times per year (4 months, 8 months, 12 months [end of year]). Evaluations are discussed with fellows and may be modified by mutual agreement before being placed in the training files. Fellows also are asked to evaluate their supervisors and clinic rotations at each evaluation period and an exit interview with the Director of Clinical Training will be completed at the end of fellowship to solicit feedback and suggestions for the program going forward.

In response to APA's increasing emphasis on setting, measuring and objectifying criteria for acquisition of these skills, our Fellow Evaluations quantitatively track successful mastery of each benchmark and competency area. To successfully complete our fellowship, a fellow's final set of rotation evaluations should be rated at 80% competent at a postdoc exit level which is equivalent to "no supervision needed."

## **Training Experiences**

The **San Francisco VA Medical Center** will be offering seventeen (17) one-year postdoctoral psychology fellowships in **2015-2016** with **emphasis** areas in:

1. **Community-Based, General Mental Health Fellowship (2 positions located at the Santa Rosa CBOC)**
2. **Evidence-Based Psychotherapy in General Mental Health, Women's Mental Health and Primary Care**
3. **Geropsychology (2 positions)**
4. **HIV/HCV**
5. **Interprofessional LGBT Healthcare**
6. **Pain Psychology**
7. **Primary Care Psychology (4 positions)**
8. **PTSD and Returning Veterans**
9. **PTSD and Substance Use Disorders Treatment**
10. **Psychosocial Rehabilitation**
11. **Substance Use and Co-occurring Disorders Treatment**
12. **Women's Mental Health and Trauma**

Brief depictions of our twelve (12) emphasis areas are provided below in alphabetical order.

### **1. Community-Based, General Mental Health Fellowship**

The two Community-Based, General Mental Health fellows spend 80% of their time at the Santa Rosa Community-Based Outpatient Clinic (CBOC). The Santa Rosa CBOC is located 55 miles north of San Francisco and serves veterans residing in Sonoma, Napa, and Mendocino counties. The Santa Rosa Clinic is the largest VA CBOC in Northern California, serving almost 10,000 veterans with ten specialty clinics on site. The Mental Health clinic functions as a generalist clinic, with a strong emphasis in community-based care and evidenced-based treatments. During the course of their fellowship, the fellows develop advanced competence in the assessment and treatment of PTSD, Substance Use Disorders, Mood Disorders, OIF/OEF

re-entry and adjustment, and a broad range of chronic and acute disorders. The fellows receive training and supervision in evidence based treatments (e.g., CBT, CPT/PE) and their applications in a community setting with a range of veteran populations. In addition, the fellows develop further competence in clinical and acute assessment, individual and group therapy, psycho-educational skill-based programs, and program development. One day per week is spent at the SFVAMC, pursuing additional advanced specialty training, depending upon the fellows' interests and training needs.

Overall Program Structure: Santa Rosa Community-Based, General Mental Health fellows provide 6-8 hours of individual direct care, 2-3 therapy or skill-based groups, 1 new patient assessment, and 4 hours of on-call/triage coverage during the regular work week. Fellows also have the opportunity to pursue additional training and clinical experience in an area of advanced interest relating to the specialty programs and clinics offered at the Santa Rosa CBOC and the SFVAMC (e.g., women's health, geropsychology, trauma disorders, substance use disorders, couple therapy, suicide prevention, behavioral health, and telemental health). In addition, all fellows have the opportunity to supervise psychology practicum students in individual/ group treatment, with additional supervision each week. Additional hours are spent in weekly clinical seminars, MH team meetings, all-clinic staff meetings, and individual supervision with psychology and psychiatry staff. In addition to clinical responsibilities, fellows develop competency in providing consultation to providers from other professions, preparing reports, making didactic presentations, and participating and presenting in multidisciplinary case conferences. The MH team in Santa Rosa consists of five psychologists, four psychiatrists, two psychiatric nurses, one clinical social worker, one primary-care based psychiatric nurse practitioner, two peer specialists, and a staff assistant.

Integration with SFVAMC and Santa Rosa CBOC: The fellows selected for the community-based, general mental health fellowship are well integrated with Psychology and Mental Health Services at the San Francisco VA Medical Center. The fellows participate in the VA Psychology Staff Meeting, the Evidenced-Based Psychotherapy Seminar, the Psychology Fellow Seminar, the Psychology Training Committee Meeting, and the Psychology Diversity Curriculum Planning Committee Meeting.

Supervision: Primary supervision of the fellows is provided on-site by the full-time staff psychologists at the Santa Rosa CBOC. Additional supervision and clinical feedback are provided by staff psychologists and psychiatrists at both the Santa Rosa CBOC and the SFVAMC.

Primary Supervisors: Courtney Smith-Kilbury, PhD, Nikki Armstrong, PhD

Additional Training Faculty: Andrew Turner, PhD, ABPP, LeighAnn DeJesse, PhD, Nazneen Bahrassa, PhD, Alex Threlfall, MD, Emily Keram, MD, Peter Stuart, MD, Christine Loeber, LCSW.

## **2. Evidence-Based Psychotherapy in General Mental Health, Women's Mental Health and Primary Care**

The fellow receives broad training in evidence-based psychotherapy assigned to the Women's Mental Health and Primary Care: Evidence-Based Psychotherapy emphasis area will work in a number of medical practice and mental health clinics with a focus on delivering evidence-based psychotherapy in these settings. This fellow will have rotations in the SFVA Women's Clinic (~25-30% time), within the Health Promotion Disease Prevention Program in Medical Practice (~25-30% time), the Behavioral Health Access Center and the General Psychiatry Outpatient Service (GPOS) (25-30% time). The fellowship will

emphasize medical practice and mental healthcare integration and coordination. The fellow will receive core training/supervision in evidence-based psychotherapies in GPOS and additional training/supervision in the modification and implementation of EBPs in primary care medical clinics, with a particular emphasis in women's healthcare issues and in health promotion and disease prevention. The fellow will have the opportunity for involvement in program development and evaluation.

Primary Supervisors: John McQuaid, PhD, Mark Stalnaker, PhD, and Caitlin Hasser, MD

### **3. Geropsychology**

The Clinical Geropsychology fellowship, within the Division of Geropsychiatry, as well as Geriatrics, Palliative and Extended Care, is comprised of five core rotations and several elective rotations, and provides a breadth of advanced training and educational opportunities in the psychology of aging. This fellowship utilizes Geropsychology training consistent with the Pikes Peak Model for training in professional Geropsychology, as promulgated by APA Divisions 12 (Section II) and 20. The program is structured to provide advanced clinical, didactic and scholarly experiences over the course of one academic year. The overarching goal of the program is to target the further development of core competencies within Geropsychology. As a junior faculty member, the fellow will engage in the following professional activities related to late life disorders: psychodiagnostic evaluations, case management, psychological testing, neuropsychological evaluations, capacity assessments, treatment planning, individual psychotherapy, group psychotherapy/psychoeducation, family consultation, team consultation, interdisciplinary team meetings and supervision of psychology externs and/or interns. The postdoctoral fellow will provide psychological services to a number of core medical center departments and clinics including: Geriatrics Medical Practice Clinic, Geropsychiatry Mood Assessment Clinic, Behavioral Health Access, as well as Hospice and Palliative Care. Elective rotations may include: Neuropsychology inpatient medicine service, Memory Disorders Clinic, inpatient Psychiatry, and Community Living Center, and the Caregiver Support Program.

1. Geropsychiatry Mood Assessment Clinic (15% per week/full year) Geropsychology fellows will receive advanced training in the Geropsychiatry Mood Assessment Clinic offering individual psychotherapy and group psychotherapy while utilizing evidenced based practices. This rotation allows the fellow to expand and refine their psychotherapy skills and gain further experience in psychotherapy, evidenced based psychotherapy (EBP) VA rollouts, as well as psychological assessment (personality, affective) and brief cognitive assessments. The rotation provides 1 hour of group supervision weekly.
2. Geriatrics Medical Practice Outpatient Clinic (15% per week/full year) provides medical care and treatment to ambulatory veterans and their families within the Patient Aligned Care Team (PACT) model. This the fellow's role is primarily on neuropsychological evaluations for individuals with complex medical conditions, psychological and behavioral manifestations of chronic medical illness including dementia, stroke, in addition to various mood, anxiety and psychotic disorders presenting in the elderly. Fellows spend half a day performing neuropsychological evaluations and feedback to patients and families.

3. Hospice/Palliative Care (20% per week/6 months) service provides care to veteran patients with life-limiting and terminal illnesses, as well as their families. The fellow will acquire skills needed to assist veterans and families with end of life care, such as individual and family therapy, cognitive screens, mood evaluations, bereavement counseling and staff support.
4. Behavioral Health Access Clinic (15% per week/full year) is the medical center's centralized point of contact for all mental health referrals. The Access Clinic allows clinicians to work in an intra-disciplinary team environment with psychiatrists, social workers and other faculty and trainee psychologist. This clinic allows the fellow to perform psychodiagnostic evaluations with an adult population and make recommendations to specialty clinics and provide short-term psychotherapy if needed.
5. Evidenced Based Psychotherapy Training (5% per week/full year) The VA is dedicated to ensuring all veterans have access to empirically supported treatments, which includes making evidenced based psychotherapies (EBP) available throughout the VA training programs. The VA has sanctioned several specific EBP available and the fellowship incorporates learning a structured modality to add to one's skill set. Fellows will engage in 4 months training of interpersonal psychotherapy (IPT) and 8 months of case conference and supervision and practice of IPT with nationally trained staff.

Weekly interdisciplinary didactics and seminars will be offered through VAMC Geriatrics Medicine and Geropsychiatry faculty. Additionally, the postdoctoral fellow will receive in-depth didactic and clinical training opportunities involving Psychology Fellow seminars, UCSF Geriatric Rounds, UCSF Psychiatry Rounds, , VAMC Mental Health Grand Rounds, VAMC Geropsychology seminar, UCSF Neurology Grand Rounds, VAMC Gero/Neuro Seminar and monthly VAMC Diversity Committee. In addition to clinical training, the fellow will receive 3 hours of individual supervision, 1 hour of group supervision.

Primary Supervisors:

Elizabeth Sutherland, Psy.D.

Michael Drexler, Ph.D. (Supervision for Hospice, Backup for areas)

#### **4. HIV/HCV Psychology**

The HIV/HCV fellow will be based in the Infectious Disease Clinic and Liver Clinic, with a rotation in a Substance Use Disorders Clinic. The HIV/HCV Fellow will be integrated into the weekly Liver and ID Clinics (outlined below). The specific skills and competencies to be developed include:

1. HIV Medical Issues:

The fellow will develop competence in: (i) History and course of the HIV epidemic in this country (and abroad) as well as the current prevalence/incidence rates of infection; (ii) Knowledge of HIV risk factors, barriers to medical care, and health behaviors that are common among those who are currently infected or those at higher risk for HIV infection; (iii) Knowledge of current HIV testing procedures including consent processes, distinction between anonymous and confidential testing, as well as current testing procedures (e.g. EIA, Western Blot, and/or rapid testing) as well as local agencies providing free or low-cost HIV testing;

(iv) Knowledge of disease progression, CD4 and HIV viral load, CDC disease staging, co-infections, HIV-associated cognitive impairment, HVC, and common opportunistic infections experienced; (v) Working knowledge of current HAART medications, common side effects and barriers to medication adherence.

## 2. HCV Medical and Treatment Issues:

The fellow will develop competence in: (i) History and course of the HCV epidemic in this country and specifically within the VA, which will include current prevalence/incidence rates of infection; (ii) Knowledge of HCV risk factors, barriers to medical care, and health behaviors that are common among those who are currently infected or those at higher risk for infection; (iii) Knowledge of current HCV testing procedures; (iv) Knowledge of HCV disease progression; (v) Working knowledge of treatment options, common side effects and barriers to medication adherence; (vi) Knowledge of medical and treatment issues specific to HIV/HCV co-infection.

## 3. Psychosocial Aspects of HIV and HCV:

The fellow will gain competence and awareness of multiple psychosocial stressors specific to those living w/ HIV/AIDS, HCV and other infectious diseases. Common stressors experienced by those newly diagnosed include adjustment to and coping w/ new diagnosis; disclosure of HCV or HIV-positive status to sexual partners, friends, and family; managing HIV-related stigma; and psycho-education about safer sex practices. Common stressors associated w/ disease progression and/or longer term survival include decision about employment/disability; affected family and caregiver stress; grief (about change in own functional status and/or friends/partners who have died); and end-of-life issues. Common stressors associated with initiation of antiviral treatment for HCV include decision making around treatment, reduction of risk behavior prior to and during treatment, and coping with treatment response and termination.

## 4. Psychological Interventions for Co-occurring Mental Health and Substance Use Disorder Issues:

The fellow will gain advanced competence in: (i) Empirical knowledge of and implementation skills with the following evidence based short term interventions: CBT, DBT, ACT, Relapse Prevention, Motivational Enhancement Therapy, and psychoeducation interventions for depression, anxiety, substance use disorders, and w/ common behavioral medicine presenting problems (e.g. insomnia, medication adherence, smoking cessation, chronic pain, stress management, weight management); (ii) Evaluating and managing personality disorders; (iii) Conducting couples and family consultation and intervention with HIV-positive and HCV-positive veterans and their significant others or extended families; and (iv) Working knowledge of current psychopharmacological interventions for common co-occurring mental health conditions.

## 5. Evaluation and Assessment of Co-occurring Mental Health Issues:

The fellow will gain advanced competence in: (i) Administering, interpreting, training and supervising the administration of evidence-based instruments for the following frequently co-morbid mental health issues: depression (e.g. BDI-2, PHQ-9, CESD), anxiety (BAI, GAD-7), trauma/PTSD (PTSD Checklist, Life Events Scale), Substance Use (AUDIT-C); (ii) Identifying treatment relevant neuropsychological issues, including traumatic brain injury, dementias, memory syndromes, attention deficit disorders and cognitive deficits; (iii) Knowledge of the research addressing the inter-connection between physical, mental and behavioral health, and sensitivity to the cultural diversity issues involved in assessment/treatment; and (iv) Development of a treatment plan which incorporates all of the above into an appropriate and effective intervention for the individual veteran. Evaluation (as well as treatment) skills are acquired in weekly didactic and interdisciplinary team meetings and weekly individual supervision.

#### 6. Assessment of Suicide Risk and Suicide Prevention:

Fellows will develop advanced skill in evaluating suicidal and homicidal risk and learn how to make appropriate plans with patients and other staff regarding safety. Fellows gain training with the Suicide Prevention team and will learn to do comprehensive risk assessments and facilitate Suicide Safety Plans.

#### 7. Research:

Fellows will further their ability to plan, implement, and analyze health-related research.

#### 8. Leadership and Supervision:

Fellows learn to effectively preside over and make formal presentations in two weekly seminars that review the latest empirical findings pertaining to Health Psychology, HIV/HCV Clinical Care, and Substance Use Disorders topics. Fellows also administer and supervise junior trainees in the implementation of existing and emerging evidence based treatments. They provide ongoing feedback on strengths, areas for improvement and professional development with respect for individual differences between self and supervisees. Fellows supervise trainees weekly and receive weekly supervision from staff focused on acquisition of this skill.

#### 9. Consultation and Outreach:

Fellows develop competence in: consulting to professionals in the Infectious Disease and Liver Clinics, Medical Practice, and in other clinics regarding best treatment practices for veterans with HIV and HCV. The fellow will work to understand the unique and shared contributions of physicians, psychiatrists, social workers, nurses, addiction therapists and other professionals. Additionally, the fellow will collaborate with Compensated Work Therapy, Supported Employment, Swords to Plowshares, Veterans Service Organizations and Vet Centers to promote community integration, job acquisition and peer/family support.

The HIV/HCV fellow will work in several medical practice clinics outlined below:

#### Liver Clinic (~30%)

The fellow will provide coverage for the weekly Liver Clinic with a focus on veterans with Hepatitis C. During the Liver Clinic the fellow will be on-call to offer consultation, assessment and triage, and crisis management as needed. The fellow will offer weekly group therapy, short and long-term individual, couples and family psychotherapy for Hepatitis C patients who are preparing to initiate antiviral treatment or who are on treatment and require additional support. The fellow will work closely with clinic providers (physician, pharmacist, social worker, and nurses) on a variety of issues, including risk assessment, strategies to increase treatment adherence, and referral to appropriate mental health treatment programs. The primary role of the fellow is two-fold; 1) to help prepare veterans with Hepatitis C for treatment, which includes ensuring that a veteran is assessed for relevant Axis I diagnoses, history of violence, suicidality, depression, substance use, and to the extent possible the likelihood that a veteran will be treatment adherent; that a veterans follows-up with a mental health referral and their treatment progress is tracked; that a veteran is provided with brief intervention as necessary for depression, anxiety, anger, insomnia, and/or substance use; and 2) to support veterans who are on antiviral medications to ensure successful treatment, which includes treatment adherence in the face of at times dramatic physical and psychiatric side effects. The fellow may also follow Hepatitis C patients who live in rural areas through the use of telemental health (TMH) technology and collaboration with mental health services in the Community Based Outpatient Clinics (CBOCs).

#### HIV Clinic (~30%)

The fellow provides coverage for one of two weekly HIV Clinics and sees veterans in an outpatient capacity for crisis intervention, short and long-term individual, couples and family psychotherapy. The fellow will work closely with clinic providers (physicians, pharmacist, social worker, dietician, and nurses) on a variety of issues, including risk assessment, strategies to increase treatment adherence, and referral to appropriate mental health treatment programs. Fellows are also responsible for assessing and providing brief intervention for a variety of mental health concerns including: maintaining physical and psychological health, depression, anxiety, stress, anger management, substance use, safe sex, and treatment adherence. The fellow may also conduct brief neuropsychological assessments with HIV+ veterans to screen for cognitive concerns and neuropsychological impairment. In addition, the fellow may occasionally offer supportive therapy to more seriously ill patients on inpatient medical units as needed.

#### Substance Use Disorders Rotation (~20%)

The Substance Abuse Program (SAP) within the Mental Health Service is comprised of several program areas that address the individual and diverse treatment needs of veterans with substance use disorders (SUD) and co-occurring psychiatric disorders. Please see the SUD Program section of this brochure for full descriptions of the training clinics.

The Fellow will work closely with our substance use disorders program; however the exact roles will be collaboratively developed based on the Fellows training goals. This experience could include a range of clinical activities, including individual and group psychotherapy, case coordination, diagnostic evaluations and treatment planning. Other opportunities that may be possible include providing consultative services, administering a Contingency Management program, and developing/implementing a new group to address identified needs. Fellows will have the opportunity to gain experience with various interventions including motivational enhancement, CBT relapse prevention, abstinence-based interventions, harm reduction approaches and treatment of co-occurring psychiatric disorders. Program development opportunities may also be possible. Fellows are expected to participate in a 6-month weekly didactic substance use seminar. Fellows will complete their training year with a strong foundation of addiction treatment skills as well as an ability to adapt and apply those skills for patients in ID, Liver and other specialty medical settings.

#### Research or Program Development (10% optional)

Each postdoctoral fellow may spend up to 4 hours a week engaged in some scholarly activity with an identified research mentor. This may be a member of the Healthy Psychology faculty or an M.D. or Ph.D. with an appointment in the University of California-San Francisco (UCSF) system. Research activities may include participation in on-going research of a faculty member, preparation of a literature review, or development of an independent research project. Each project will be expected to have a product suitable for presentation at a scientific meeting or submission to a journal. If the fellow chooses to do a research rotation, allotted time in the HIV or HCV clinics can be adjusted to accommodate. The fellow may also have opportunities for program development (e.g. develop and implement new groups, create new protocols to streamline clinical care, reduce barriers to care) within the HIV and HCV clinics; this can be discussed and arranged with the primary supervisor with other responsibilities adjusted accordingly.

#### Didactics/Supervision (~20%)

The HIV/HCV fellow will participate in two didactic/clinical meetings, one in the Substance Use Disorders Service and one through the National HIV/HCV Seminar Series for Psychology Fellows. The fellow will attend staff meetings with the Infectious Diseases Clinic and the Liver Clinic, respectively. The fellow may also attend staff meetings with Psychology Staff. They will have opportunities to participate in HIV and HCV

specific medical didactics as relevant. The fellow will also have the option of participating in selected seminars offered through the Center for AIDS Prevention Studies (CAPS) at the UCSF. They will have opportunities to supervise interns and externs on individual treatment and to co-lead groups with these trainees as the senior clinician. Fellows will be provided supervision with the licensed psychologists affiliated with the HIV/HCV Clinics and the Substance Use Programs, along with other health psychologists as appropriate. While individual supervision will include case management and the conduct of evaluation and treatment, it will also focus strongly upon professional development within the clinics and VA setting, ethical decision-making, Issues concerning program development, professional identity, interface between clinics, supervision and work/life balance.

Primary Supervisors:

William Hua, Ph.D., Staff Psychologist, HIV and HCV Clinics

Additional Core Faculty:

Maggie Chartier, Psy.D., M.P.H., National Public Health Clinical Psychologist

Timothy P. Carmody, Ph.D., Director of Health Psychology

Charles Filanosky, Ph.D., Staff Psychologist, Primary Care Psychology

Sarah Palyo, Ph.D., Staff Psychologist, Pain Clinic

Chris Galloway, Ph.D., Staff Psychologist, Substance Use Disorders Programs

HIV Clinical Team:

Harry Lampiris, M.D., Acting Chief, Infectious Disease

Robert Daroff, M.D., Associate Chief for Education, Mental Health Service

Joseph Wong, M.D., Physician, Infectious Disease

Paul Sullam, M.D., Physician, Infectious Disease

Lynn O'Brien, N.P., Nurse Practitioner, Infectious Disease

Mai Vu, Pharm.D., Pharmacist, Infectious Disease

HCV Clinical Team:

Alex Monto, M.D., Director, Liver Clinic

Catherine Rongey, M.D., Physician, Liver Clinic

Helen Yee, Pharm.D., Pharmacist, Liver Clinic

Erica Trimble, N.P., Nurse Practitioner, Liver Clinic

Cyndi Bakir, CNS, Clinical Nurse Specialist, Liver Clinic

**5. Interprofessional LGBT Healthcare**

The fellow in this emphasis area will serve Veterans and staff in the Medical Center, CBOC and community settings including (1) Primary Care Clinics (in Medical Practice and CBOCs); (2) Specialty Care Clinics (such as Infectious Disease Clinic at SFVAMC and Downtown CBOC); and (3) Behavioral Health Clinics (such as Clinic at City College of SF). The fellow will offer coaching and clinical services in person and through telehealth technology. The fellow will provide individual psychotherapy, group treatments, and targeted consultation visits for LGBT Veterans under the supervision of staff psychologists and psychiatrists affiliated with the Fellowship. In addition, the fellow will support the hub of VA's health care delivery PACT and specialty care



teams by providing integrated and coordinated health care focused on prevention, wellness and chronic disease management; and through conducting needs assessment, gap analyses, community outreach and focus groups to consistently elevate the “voice of the LGBT Veteran” with ongoing program evaluation. The fellow will also spend time (1) coaching, consulting, and training other VA providers to deliver clinically and culturally competent care for LGBT Veterans; (2) developing training modules for fellows, interns, externs, residents and other clinical staff on personalized and proactive LGBT health care; and (3) collaborating with VA Leadership to overcome system obstacles, build community alliances, and sustain services and resources for building an informed VA environment and culture that empowers all Veterans and families we serve.

Please contact Drs. Angela Waldrop or Dr. Sam Wan for further details.

Primary Supervisors:

Angela Waldrop, PhD

Additional Core Faculty:

John McQuaid, PhD; Will Hua, PhD; Samuel Wan, PhD

**6. Pain Psychology (funding pending\*)**

The Psychology fellow in the Pain Psychology emphasis area will develop competencies in treatment of non-malignant chronic pain, assessment of chronic pain, conceptualization of pain syndromes in the context of co-occurring mental health conditions, and assessment of substance use and risk of misuse of opioids. The fellow will learn from their involvement in an interdisciplinary pain clinic team, with opportunities to develop knowledge about the medical aspects of pain management (including interventional pain management and prescription pain medications) and physical rehabilitation-oriented treatments for pain. An emphasis will be placed on learning how to educate patients about chronic pain through the use of Therapeutic Neuroscience Education.

The fellows will work in a variety of interdisciplinary pain management settings, including:

- 1) Intensive Pain Rehabilitation Program – Accredited by the Commission for the Accreditation for Rehabilitation Facilities, this 12 week program offers a comprehensive, group-based approach to pain rehabilitation for patients with severe and disabling pain syndromes and co-occurring mental health conditions. The fellow will attend team meetings including physical therapy, nursing, and pharmacy. The fellow will run cognitive-behaviorally-focused or Acceptance and Commitment Therapy-based groups in the context of this program.
- 2) Medical Practice Pain Clinic – The fellow will work side-by-side with a team of primary care providers and a pharmacist to address the pain management needs of patients who are not stable on their pain medications. This dynamic and fast-paced environment will help fellows develop a flexible approach to integrating psychology into a medical setting.

- 3) Anesthesia Pain Clinic – The fellow will participate in interdisciplinary team evaluations of patients with chronic pain syndromes. In addition to psychology, disciplines represented on the Pain Clinic team include anesthesia, physical medicine and rehabilitation, physical therapy, and nursing. The fellow will participate in team meetings and learn to collaborate on treatment planning for complex pain management cases.
- 4) Pain Psychology Clinic – The fellow will take direct consults from primary care providers and mental health staff for patients who are in need of a pain psychology evaluation and follow-up. Fellows will work closely with referring providers to create an interdisciplinary team approach in the context of the primary care setting.
- 5) Psychology and Pharmacy V-tel Clinic – The fellow will work directly with a pharmacist to jointly assess patients with chronic pain who are unable to travel to SFVAMC. Patients will also be followed for brief CBT interventions. Sessions will be conducted via a video conferencing system in order to serve rural veterans.
- 6) Primary Care Pain Groups – The fellow will run pain groups that serve as an introduction to behavioral pain management for patients receiving their pain care through primary care.
- 7) Orthopedic Surgery Clinic/Rheumatology Clinic/Musculoskeletal Clinic – The fellow will work to develop a pain psychology presence in specialty clinics, such as Orthopedics and/or the Musculoskeletal Clinic. The fellow will benefit from interacting with adjunct faculty and other learners (nurse practitioner and medical residents) who will also be developing specialties in pain management.

This fellowship is part of SFVAMC's Center for Excellence (COE) in Specialty Care, and as such, it will involve the fellow participating in interdisciplinary teaching and learning opportunities. The fellow will attend interdisciplinary case conferences and didactics held by the COE. These are designed to further the fellow's knowledge of medical issues as well as provide the fellow with opportunities to educate other learners about the role of psychology in pain management. The fellow will also work with an interdisciplinary team to develop quality improvement projects.

An emphasis will be placed in this fellowship on professional development, with an eye towards fellows learning skills that are directly applicable to a career path as an integrated mental health care provider. The fellow will be provided with mentorship from primary and delegated supervisors who are pain psychologists as well as adjunct faculty who represent a variety of professional backgrounds.

Primary Supervisors: Sarah Palyo, PhD, Psychologist, Manager of the Intensive Pain Rehabilitation Program and Behavioral Pain Programs & Emily Sachs, PhD, Psychologist, Pain Clinic

Additional Core Faculty:

Michael Stroud, PhD, Psychologist, Pain Clinic  
 Timothy Carmody, Ph.D., Psychologist, Director of Health Psychology  
 Rebecca Shunk, M.D., Staff Physician  
 Melissa Bachhuber, M.D., Staff Physician  
 Denise Davis, MD, Staff Physician  
 Maya Dulay, MD, Staff Physician

**\* Please note that funding for this position is pending. Applicants who are selected for interview will be provided with updated information on funding status. Should the Pain Psychology Fellowship**

**not receive funding, applicants who indicated on their cover letter that they are interested in the Primary Care Psychology Fellowship, will be considered for that position.**

### **7. Primary Care Psychology**

The psychology fellows in the Primary Care emphasis area develop specific skills and competencies in: medical issues; psychosocial aspects of chronic illness; evaluation and assessment of common and unique mental health issues found in medical settings; psychological interventions for common and unique mental health and substance abuse issues; assessment of suicide risk and suicide prevention; consultation and outreach in medical practice; health promotion and disease prevention interventions and approaches; multidisciplinary and interdisciplinary care within the Patient Aligned Care Teams (PACT) along with research, leadership and supervision in behavioral medicine. The fellows work in several primary care/integrated care settings including: Medical Practice – Mental Health Integrated Clinic (MP-MHIC); Downtown Clinic; San Bruno Community Based Outpatient Clinic (CBOC); Women's Clinic; Pain Clinic; Infectious Disease Clinic and Liver Clinic; Health Psychology Clinic; Health Promotion Disease Prevention Program (HPDP), and Managing Obesity in Veterans Everywhere! (MOVE!). The postdoctoral fellowship in primary care psychology is allied with the interprofessional Center of Excellence for Education in Patient-aligned Care Teams (CoE EdPACT). The VA is restructuring primary care into interprofessional patient-centered and team-based care based on principles and evidence-based practices relevant for improving healthcare for veterans. The overall mission of the SFVA CoE EdPACT is to develop and implement a model of patient-centered, interprofessional education that advances primary care within and beyond the VA. The EdPACT training model brings together teams of health care providers and staff, including internal medicine (IM) residents, adult nurse practitioner (NP) students, and associated health trainees, to build core knowledge and skills that they apply to their own individual patient panel, a shared team panel of patients, and to the clinical systems in which they work. This educational model incorporates design principles for optimal workplace learning, using experiences from clinical practice as the primary curricular material, establishing a culture and supportive working relationships that reinforce patient-centered approaches to care, and activating providers/staff/trainees to take responsibility for improving patient care. Communication, teamwork, and continuous performance improvement are primary foci of interprofessional skill-building.

The psychology fellows in the primary care emphasis area spend the majority of their time working collaboratively in busy primary care settings with other professionals including physicians and residents, nursing staff, nutritionists, pharmacists, and social workers. They all receive training in the primary care clinics at the main SFVA campus and at either the Downtown Clinic or San Bruno CBOC. They also receive training in other selected integrated care clinics, including Pain Clinic, Infectious Diseases/Liver Clinics, and Women's Clinic. As a team, the fellows provide a broad range of health services including mental health and behavioral health care to veterans living within the community. The goal of the training program is to prepare fellows to be able to work independently in a variety of primary care settings and formats and to interface effectively with medical staff and allied professionals to provide comprehensive patient-centered care.

The overall philosophy of the primary care emphasis area is best described in terms of the scholar-practitioner and junior colleague models, consistent with the overall postdoctoral psychology training program. Fully embracing a generalist training model, the psychology fellows in the primary care emphasis

area respond to a broad range of consultation requests. Mental health triage represents a significant component of their experience in primary care/integrated care settings. This involves meeting with veterans who screen positive for mental health conditions or for whom their primary care providers feel that a connection to mental health services would be beneficial. Veterans are assessed for the full range of mental health conditions and harm risk and referred onto appropriate mental health clinics. Fellows also provide brief, focused health related interventions. Opportunities for the development of group treatments also exist including cross-discipline collaboration.

Another major component of the psychology fellows' experience in primary care settings involves behavioral disease management. As behavioral medicine experts, the fellows provide brief interventions aimed at helping veterans to better manage diseases such as diabetes, hypertension, pulmonary, arthritis, HIV/HCV, and coronary disease.

Assessment is another component of the fellows' training. Referral questions include assessment of dementia, competency, and independent living issues. Other veterans may be referred for diagnostic clarification including assessment of traumatic brain injury. Fellows also participate in focused training in pain management and work with veterans with chronic pain individually and in group settings.

The fellowship offers a wide range of experiences and is tailored to fit the needs and long term professional goals of trainees. Additional interprofessional training opportunities exist within the Pain Clinic, Women's Clinic, Infectious Disease/Liver Clinics, and Health Promotion and Disease Prevention (HPDP), both within and outside of the immediate primary care settings. Fellows in the primary care emphasis area also have an opportunity to develop supervision skills in the ongoing supervision of pre-doctoral psychology trainees. Research opportunities exist and fellows are expected to be involved in research through either small project of their own or as part of an ongoing faculty project.

The psychology fellows in the primary care emphasis area receive supervision from the psychologists, psychiatrists and social workers leading the integrated care clinics described below. Clinical activities include: emphasis area evaluations and interviewing; assessment of cognitive, emotional, behavioral and personality functioning; differential diagnosis; psychotherapy with individuals, groups and couples; development and delivery of psycho-educational material and advanced interprofessional training through consultation with team members. The fellows also develop supervision skills. There are additional opportunities for leadership, program development, and research.

### *Skills and Competencies:*

The fellows assigned to the Primary Care emphasis area work in a number of medical/integrated care clinics (outlined below). The specific skills and competencies to be developed include and are consistent with APA's Report of the Interorganizational Work Group on Competencies for Primary Care Psychology Practice, released March 2013:

1. Science – Fellows base their daily practice on the scientific literature utilizing evidence based practices. They advance their knowledge of the biological, cognitive, affective, developmental, sociocultural and socioeconomic factors on health and illness. They develop advanced understanding of epidemiology, public health services, and public health policy. Fellows also participate in the development and execution of research, including needs assessments, quality

improvement projects, or outcomes assessments.

2. Systems – Fellows learn the culture, interdisciplinary system of care, and chain of command unique to primary care. Fellows develop advanced understanding of their role in the PACT team and effectively advocate for better integration of mental health services.
3. Professional Values and Attitudes – Fellows consolidate their professional identity as a Primary Care Psychologist by raising relevant psychological issues to the team and evidence an attitude of flexibility by adapting their roles and activities in the best interest of patient care. Fellows take a patient-center approach that integrates cultural identity, health beliefs, and illness history that impact health behaviors. Fellows are sensitive to issues of diversity and modify interventions in response to a variety of social or cultural factors. Fellows also identify and address the distinctive ethical issues encountered in PC practice, including dual relationship matters, confidentiality, informed consent, boundary issues, and team functioning. Fellows practice in a reflective capacity, remaining self-aware in a complex fast paced environment.
4. Interprofessionalism – Fellows develop the ability to work effectively in a team-based system, including identifying and utilizing the unique contributions of each member's expertise and promoting collegial and efficient communication. Fellows have the opportunity to participate in team training and use their psychological skills to support team functioning. Fellows develop advanced skills in building and sustaining relationships within primary care including conflict management and effective boundaries.
5. Practice Management – Fellows learn to prioritize care using evidence-based models and practices and provide services based on specific clinic needs. Fellows work effectively along a continuum from prevention focused services with persons with subclinical problems to providing care for persons with chronic conditions. Fellows learn effective time management, operating at a pace consistent with PC clinic needs, including optimizing brief appointments based on patient needs while also being able to provide more lengthy assessments as indicated. Fellows learn to co-interview and co-intervene with other disciplines within primary care. Relevant psychological and neuropsychological assessments are administered with understanding of the strengths and limitation of such tools. Fellows learn how the patient's physical condition, such as lab reports, etc., may be incorporated into case conceptualization. Fellows identify strengths, including personal, family, and community, to promote health, and interventions are inclusive of these systems. Fellows develop advanced skill in targeting interventions on functional outcome and symptom reduction and use Motivational Interviewing and methods such as "Teach Back" to encourage proper use of health resources and optimize patient participation in their healthcare. Fellows learn to serve as a bridge between primary care and other specialty mental health services. Fellows develop advanced expertise in consultation and follow up with other team members.
6. Teaching – Fellows assist with the development and deployment of curriculum and training for other professionals addressing specific psychological problems encountered in primary care and they participate in the training activities of other healthcare professionals. Fellows demonstrate the ability to coach trainees, physicians and staff in patient and family centered care behaviors. Fellows provide ongoing training to staff and other professionals on integrated care and the role of psychologists in

primary care. Fellows also demonstrate a basic level of competence in supervising other more junior trainees within the clinic as available.

7. Health Promotion and Disease Prevention -- Fellows build upon the fund of knowledge and skill to effectively implement health behavior assessments and interventions for the promotion of general health and to address health risk behaviors as part of disease prevention and chronic disease management (e.g., tobacco use cessation, striving for a healthy weight, limiting alcohol, promoting patient self-management interventions targeting behaviors such as increasing participation in regular exercise and physical activity, healthy eating, sleep hygiene and stress management). Fellows also expand their skills in providing health behavior assessment and interventions with veteran patients and their families with multiple co-morbidities and or chronic disease, special needs, and complex clinical problems. Fellows develop the skill to coach, consult with, and support healthcare team members who will provide evidence-based health behavior self-management interventions such as motivational interviewing, shared decision making and other behavioral health interventions. Fellows develop knowledge of and ability to utilize existing evidence-based behavioral health resource materials and develop new materials when needed.

Primary Care Postdoctoral Training Rotation Sites:

1. Medical Practice – Mental Health Integrated Clinic (MP-MHIC) (16 hours/week for six months): In the Mental Health Integrated Clinic, veterans who screen positive for mental health concerns are evaluated and consultation services are provided to the medical staff. The fellows provide consultation to PACT teams and CoE EdPACT preceptors and trainees. The therapeutic approach integrates cognitive-behavioral, existential, and mindfulness based therapies. Neuropsychological evaluations are also performed with an emphasis on traumatic brain injury (TBI). In addition, the psychology staff members are involved in the coordination of services for returning OEF/OIF/OND veterans, consulting to the PCT, performing compensation and pension evaluations, and participating on the TBI Interdisciplinary Team. The primary supervising psychologist in this clinic is Dr. Chuck Filanosky.
2. Downtown VA Clinic: Two of the primary care psychology fellows each spend two days per week at the Downtown VA Clinic for half of the fellowship year. Each fellow is fully integrated as a member of the PACT/EdPACT team. The staff psychiatrist at the clinic serves as a designated supervisor. The fellows also receive supervision on their work at the clinic from their primary supervising psychologist. The on-site delegated supervisor is Dr. Stephen Robinson, staff psychiatrist.
3. San Bruno Community-based Outpatient Clinic (CBOC): Two of the primary care psychology fellows each spend two days per week at the San Bruno CBOC for half of the fellowship year. Each fellow is fully integrated as a member of the PACT/EdPACT team. The staff psychiatrist at the clinic serves as a designated supervisor. The fellows also receive supervision on their work at the clinic from their primary supervising psychologist. The on-site delegated supervisor is Dr. Lynne Haynes-Tucker, staff psychiatrist.
4. Pain Clinic (4-8 hours/week for six months): Fellows have an opportunity to work in a variety of pain management settings, including an anesthesia-based pain clinic, a primary care-based pain clinic, as well as telehealth-based pain clinic. Fellows will get to work closely with an interdisciplinary team that includes representatives from anesthesia, physical therapy, nursing, pharmacy, and psychology.

Opportunities exist to participate in interdisciplinary team evaluations, team meetings, facilitate pain groups, see patients together with a pharmacist to address medication adherence issues, and see individual patient for behavioral pain management. The primary supervising psychologists in the Pain Clinic are Dr. Sarah Palyo, Dr. Emily Sachs, and Dr. Michael Stroud.

5. Women's Clinic (4-8 hours/week for six months): This clinic provides primary care and mental health care to female veterans. The SFVAMC has a long tradition of providing comprehensive healthcare for women veterans. The women's clinic opened in 1988, and in 1993 established one of the first Women Veteran's Comprehensive Health Centers in the country. Women are one of the fastest growing segments of the veteran population and are projected to nearly double within the next few years to comprise up to 14% of VA health care users (Women Veterans Health Strategic Health Care Group, Nov 2008). The training of clinicians in the provision of quality, gender appropriate care is a high priority for the VA. Many of the patients seen in this clinic suffer from PTSD and MST. The primary supervising staff members in this clinic are Dr. Caitlin Hasser and Leila Zwelling, LCSW.
6. Health Promotion and Disease Prevention Program (HPDP) (2-4 hours/week for six months): The fellows within the HPDP program provide assessments and interventions for patients along with consultations and health behavior coaching to healthcare members as part of interprofessional PACT teams and the CoE EdPACT both in primary care/integrated care settings at the SFVA main campus and in the CBOCs. The primary supervising psychologist for this program is Dr. Tim Carmody.
7. Managing Obesity in Veterans Everywhere! (MOVE!) (2-4 hours/week for six months): The MOVE! program is a preventive health initiative across the VHA healthcare system and is designed to provide interdisciplinary assessment and treatment of obesity in the veteran population. Psychological assessments are conducted with morbidly obese patients being considered for bariatric surgery. Individual and group therapies are provided to facilitate long-term weight management and adjustment to post-surgical lifestyle changes. The primary supervising psychologists are Dr. Jessica Keyser and Dr. Tim Carmody.
8. HIV and HCV Clinics (8-12 hours/week for six months): These clinics provide primary care and mental health care to veterans with HIV and/or HCV. Veterans with mental health concerns are evaluated and consultation services are provided to the medical staff. Opportunities are available for psychological consultations, brief individual therapy, and psycho-educational groups. The primary supervising psychologist is Dr. William Hua.
9. Health Psychology Clinic (2-4 hours/week for six months): In this clinic, the post-doctoral fellow gains additional experience with chronic pain and clinical psychological consultation and treatment of patients with other medical conditions. Psychological interventions are provided in the form of extended consultations and use of individual or group therapy formats. Hypnosis and biofeedback therapies are also provided to help patients manage stress and pain. The Director of the Health Psychology Clinic and supervising psychologist is Dr. Tim Carmody.

Primary Supervisor: Timothy P. Carmody, Ph.D., Health Sciences Clinical Professor of Psychiatry, University of California, San Francisco; Director, Health Psychology, Mental Health Service; Director, Postdoctoral Psychology Research Training; Director, Psychology Fellowship Training, Center of Excellence in Primary Care Education

Additional Core Faculty:

Maggie Chartier, Psy.D., Staff Psychologist, HIV and HCV Clinics  
Chuck Filanosky, Ph.D., Staff Psychologist, Primary Care Mental Health  
Caitlin Hasser, M.D., Staff Psychiatrist, Women's Clinic  
William Hua, Ph.D., Staff Psychologist, Infectious Disease Clinic  
Jessica Keyser, Ph.D., Staff Psychologist, ORT Clinic and Bariatric Surgery  
Kewchang Lee, M.D., Director, Psychiatric Consultation Service  
Sarah Palyo, Ph.D., Staff Psychologist, Pain Clinic  
Johannes Rothlind, Ph.D., Staff Psychologist, Director of Neuropsychology  
Emily Sachs, Ph.D., Staff Psychologist, Pain Clinic  
Rebecca Shunk, M.D., Staff Physician, PRIME & EdPACT Training Program  
Michael Stroud, Ph.D., Staff Psychologist, Pain Clinic  
Leila Zwelling, LCSW, Staff Social Worker, Women's Clinic

**8. Posttraumatic Stress Disorder Treatment And Returning Veterans (PTSD & RV) Program**  
**Description With Clinical Rotations And Time Estimates**

While the PTSD & RV fellow has the opportunity to work with veterans from all eras, the focus of this fellow's clinical responsibilities involves working with post-09/11 veterans who have served in the wars in Iraq and Afghanistan (Operation Iraqi Freedom [OIF], Operation Enduring Freedom [OEF] and Operation New Dawn [OND]). Because many of these veterans are struggling with substance use problems and other high-risk behaviors along with ambivalence about entering formal treatment, a special focus is on assessing issues of risk, and using motivational interviewing and harm reduction to support the veteran in identifying and working toward his/her self-identified goals for treatment.

The fellow assigned to this emphasis area spends ~38 hrs/wk on the PTSD Clinical Team (PCT) and ~2 hrs/wk participating in Psychology Program activities. Time with PCT includes taking on a leadership role in our PTSD 360 Clinic (~5 hrs/wk), and representing the PCT in the OEF/OIF Integrated Care Clinic (conducting mental health triage, ~2.25 hrs/wk). Time with PCT may also include serving as a PTSD specialty consultant in the Behavioral Health Access Center (conducting mental health intake, ~4 hrs/wk). These sub-rotations are described below.

PCT (95%): The Post-Traumatic Stress Disorder Clinical Team (PCT) at San Francisco VA Medical Center is one of the largest in the nation with regard to clinical activity. Our PCT specializes in the outpatient treatment of veterans from all eras who have PTSD related to combat, combat support, combat training, or military sexual trauma (MST) in the course of active duty military service. We also treat veterans whose primary mental health diagnosis is PTSD, regardless of trauma type, and a significant proportion of our patients have histories of complex trauma. Many of our veterans suffer from co-morbid disorders, depression and substance use disorders being the most frequent. Issues regarding medical illness, chronic pain, postwar adjustment, and relationship stress are increasingly common.

We serve a predominantly male population ranging in age from 18 to 90+ years, although the number of women accessing services is increasing. Our population is quite diverse, with multiple ethnicities (significant



numbers of Filipino American veterans), ages, sexual orientations and levels of SES represented. Veterans are not required to have served in a war to be treated by the PCT; however, our largest cohorts are Vietnam Era veterans and veterans of the current wars in Iraq and Afghanistan (Operation Enduring Freedom [OEF] and Operation Iraqi Freedom [OIF]). We also serve World War II / Korean War veterans and veterans from modern deployments (e.g., Persian Gulf, Desert Storm, Desert Shield and peacekeeping operations).

Our clinic utilizes a phase-based approach to trauma recovery (i.e., evaluation, stabilization, exposure/uncovering, integration and relapse prevention, maintenance), and offers a wide range of treatment modalities, including group psychotherapy, individual psychotherapy, medication management, couples/family psychotherapy, and case management. Specialized training is available in motivational interviewing (MI), Acceptance and Commitment Therapy (ACT), Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy for Insomnia (CBT-I), CBT for PTSD, and Seeking Safety. Because group psychotherapy is central to our treatment approach, we also offer a full range of group-based modalities, including drop-in psychoeducation, support, and meditation groups, time-limited skills-based classes, and ongoing long-term process groups.

The PTSD & RV fellow receives individual and group supervision by psychology staff, and also attends (and helps organize, together with the PTSD & SUD fellow) a weekly multidisciplinary seminar and clinical conference, which reviews the empirical literature pertaining to a number of different topics relevant to PTSD, including: epidemiological research findings, diagnostic research, treatment research (e.g., relative efficacies of group and individual therapies, research on cognitive behavioral, psychodynamic, exposure therapies), physiological findings in PTSD, psychopharmacological treatment of PTSD, and cultural factors in the expression of and treatment for PTSD within various subpopulations. Additional professional development occurs at regularly scheduled PCT Staff Meetings, PCT Didactic Curriculum Meetings, and PCT Supervisors' Meetings. The fellow may also participate in a monthly interdisciplinary case conference meeting on issues pertaining to Traumatic Brain Injury (TBI) in OIF/OEF/OND veterans and attend/participate in periodic Psychiatry Grand Rounds.

*PTSD 360 Clinic:* This is a multidisciplinary ongoing-care clinic, in which PTSD-specialty medication management and brief individual behavioral treatments are provided. This 3-hour clinic currently runs twice weekly, with the PTSD & RV fellow taking the lead on overseeing brief behavioral interventions in one clinic, and the PTSD and SUD fellow taking the lead in the other. "Taking the lead" in 360 Clinic means (1) periodically throughout the year teaching and supervising brief structured interventions (typically 1-2 sessions) to externs, interns, and residents. This is done with the support and guidance of staff who specialize in these areas, and currently includes interventions such as Motivational Interviewing and Brief CBT for Insomnia; and (2) within the context and timeframe of the 360 Clinic, providing weekly direct supervision to psychology extern(s)/intern(s) conducting brief PTSD stabilization-focused individual psychotherapies (typically 4-8 sessions), again with the support and guidance of psychology staff. The PTSD & RV fellow also provides an additional hour of supervision to at least one junior psychology trainee outside of 360 Clinic, and is provided with dedicated time for "supervision of supervision" in individual and group supervision settings. [Up to 5.0 hrs/wkly, not incl. supervision provided outside of 360 Clinic]

*OEF/OIF Integrated Care Clinic (ICC):* The PTSD & RV fellow is responsible for one shift each week conducting triage and assessment interviews with OIF/OEF/OND veterans in the Integrated Primary Care clinic. In this clinic, the veteran receives same day, sequential visits with a primary care provider, a mental health provider, a social worker, and neurology, if indicated, to provide a "one stop shop" model for early

diagnosis and initiation of care. The fellow is responsible for conducting the mental health portion of the visit, assessing and responding to any issues of acute risk, and triaging as needed for further mental health assessment and specialty care. The PTSD & RV fellow also attends a 1x/monthly meeting of all ICC core staff (primary care providers, combat case manager social workers, mental health providers) and ancillary providers (e.g., specialists in TBI, chronic pain, etc.) for case consultation and additional training. [Up to 2.25 hrs/wkly, incl. monthly staff mtg]

*Behavioral Health Access Center.* This intake clinic serves as the starting point for patients entering mental health care at SFVA. The PTSD & RV fellow may serve as the PTSD specialist on one Behavioral Health Access Center team, conducting specialty PTSD evaluations and consulting with fellow team members regarding veterans who might benefit from further assessment and treatment for PTSD. The PTSD & RV fellow will also have the opportunity to train psychiatry residents and psychology trainees in the assessment of PTSD using the Clinician-Administered PTSD Scale (CAPS). [Up to 4.0 hrs/wkly]

Psychology (5%): The PTSD & RV Fellow attends weekly seminars led by SFVAMC/UCSF staff, as well as other service and committee meetings, including the Psychology Staff Meeting and the Diversity Committee Meeting.

Primary PCT supervisors: Martha Schmitz, PhD, Mark Stalnaker, Ph.D., Shira Maguen, PhD, Susan Maxwell, PsyD, G. Dawn Lawhon, PhD, and Angie Waldrop, PhD

### **9. Posttraumatic Stress Disorder And Substance Use Disorders Treatment (PTSD/SUD) Program Description With Clinical Rotations And Time Estimates**

The fellow assigned to this emphasis area spends ~28 hrs/wk on the PTSD Clinical Team (PCT), including taking on a leadership role in PCT's PTSD 360 Clinic (~5 hrs/wk) and representing PCT & SUPT in the OEF/OIF Integrated Care Clinic (conducting mental health triage, ~2.25 hrs/wk), ~10 hrs/wk in the Substance Use/PTSD Treatment Clinic (SUPT), and ~2 hrs/week participating in Psychology Program activities.

It should be noted that a significant percentage of the veterans enrolled in PCT services are also either maintaining recovery from substance use disorders or looking at their substance misuse/abuse for the first time. Therefore, the PTSD/SUD fellow has opportunities in both clinics to conduct interventions based in Motivational Interviewing and harm reduction.

PCT (70% time): The Post-Traumatic Stress Disorder Clinical Team (PCT) at San Francisco VA Medical Center is one of the largest in the nation with regard to clinical activity. Our PCT specializes in the outpatient treatment of veterans from all eras who have PTSD related to combat, combat support, combat training, or military sexual trauma (MST) in the course of active duty military service. We also treat veterans whose primary mental health diagnosis is PTSD, regardless of trauma type, and a significant proportion of our patients have histories of complex trauma. Many of our veterans suffer from co-morbid disorders, depression and substance use being the most frequent. Issues regarding medical illness, chronic pain, postwar adjustment, and relationship stress are increasingly common.

We serve a predominantly male population ranging in age from 18 to 90+ years, although the number of women accessing services is increasing. Our population is quite diverse, with multiple ethnicities (significant numbers of Filipino American veterans), ages, sexual orientations and levels of SES represented. Veterans are not required to have served in a war to be treated by the PCT; however, our largest cohorts are Vietnam Era veterans and veterans of the current wars in Iraq and Afghanistan (Operation Enduring Freedom [OEF] and Operation Iraqi Freedom [OIF]). We also serve World War II / Korean War veterans and veterans from modern deployments (e.g., Persian Gulf, Desert Storm, Desert Shield and peacekeeping operations).

Our clinic utilizes a phase-based approach to trauma recovery (i.e., evaluation, stabilization, exposure/uncovering, integration and relapse prevention, maintenance), and offers a wide range of treatment modalities, including group psychotherapy, individual psychotherapy, medication management, couples/family psychotherapy, and case management. Specialized training is available in motivational interviewing (MI), Acceptance and Commitment Therapy (ACT), Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy for Insomnia (CBT-I), CBT for PTSD, and Seeking Safety. Because group psychotherapy is central to our treatment approach, we also offer a full range of group-based modalities, including drop-in psychoeducation, support, and meditation groups, time-limited skills-based classes, and ongoing long-term process groups.

The PTSD/SUD fellow receives individual and group supervision by psychology staff, and also attends (and helps organize, together with the PTSD & RV fellow) a weekly multidisciplinary seminar and clinical conference, which reviews the empirical literature pertaining to a number of different topics relevant to PTSD, including: epidemiological research findings, diagnostic research, treatment research (e.g., relative efficacies of group and individual therapies, research on cognitive behavioral, psychodynamic, exposure therapies), physiological findings in PTSD, psychopharmacological treatment of PTSD, and cultural factors in the expression of and treatment for PTSD within various subpopulations. Additional professional development occurs at regularly scheduled PCT Staff Meetings, PCT Didactic Curriculum Meetings, and PCT Supervisors' Meetings. The fellow may also participate in a monthly interdisciplinary case conference meeting on issues pertaining to Traumatic Brain Injury (TBI) in OIF/OEF/OND veterans and attend/participate in periodic Psychiatry Grand Rounds.

*PTSD 360 Clinic:* This is a multidisciplinary ongoing-care clinic, in which PTSD-specialty medication management and brief individual behavioral treatments are provided. This 3-hour clinic currently runs twice weekly, with the PTSD/SUD fellow taking the lead on overseeing brief behavioral interventions in one clinic, and the PTSD & RV fellow taking the lead in the other. "Taking the lead" in 360 Clinic means (1) periodically throughout the year teaching and supervising brief structured interventions (typically 1-2 sessions) to externs, interns, and residents. This is done with the support and guidance of staff who specialize in these areas, and currently includes interventions such as Motivational Interviewing and Brief CBT for Insomnia; and (2) within the context and timeframe of the 360 Clinic, providing weekly direct supervision to psychology extern(s)/intern(s) conducting brief PTSD stabilization-focused individual psychotherapies (typically 4-8 sessions), again with the support and guidance of psychology staff. The PTSD/SUD fellow also provides an additional hour of supervision to a junior psychology trainee outside of 360 Clinic, and is provided with dedicated time for "supervision of supervision" in individual and group supervision settings. [Up to 5.0 hrs/wkly, not incl. supervision provided outside of 360 Clinic]

*OEF/OIF Integrated Care Clinic (ICC):* The PTSD/SUD fellow is responsible for one shift each week conducting triage and assessment interviews with OIF/OEF/OND veterans in the Integrated Primary Care

clinic. In this clinic, the veteran receives same day, sequential visits with a primary care provider, a mental health provider, a social worker, and neurology, if indicated, to provide a “one stop shop” model for early diagnosis and initiation of care. The fellow is responsible for conducting the mental health portion of the visit, assessing and responding to any issues of acute risk, and triaging as needed for further mental health assessment and specialty care. The PTSD/SUD fellow also attends a 1x/monthly meeting of all ICC core staff (primary care providers, combat case manager social workers, mental health providers) and ancillary providers (e.g., specialists in TBI, chronic pain, etc.) for case consultation and additional training. [Up to 2.25 hrs/wkly, incl. monthly staff mtg.

SUPT (25% time) Complementing the training program in the PCT is the training experience in the Substance Use/PTSD Treatment Clinic (SUPT). Our SUPT is one of only five specialized programs in the VA system dedicated to treatment of veterans with co-occurring SUD and PTSD related to combat, combat support, combat training, or military sexual trauma (MST) in the course of active duty military service. Similar to the PCT, our veteran population is quite diverse and multicultural. The interdisciplinary team consists of a psychiatrist, two psychologists, two social workers, postdoctoral psychology fellows, predoctoral interns, externs, and psychiatry residents. The fellow's clinical experiences on this rotation will include a wide range of clinical interventions that include individual and group psychotherapy, case coordination, diagnostic evaluations and treatment planning. Fellows learn techniques to work with these populations in a phase-oriented program which emphasizes group treatment and psycho-educational modalities (e.g., anger management; PTSD symptom management; seeking safety, mindfulness), but that also utilizes individual approaches. Fellows may also receive supervised experience supervising junior trainees on this rotation.

The SUPT team provides a supportive context for fellow's clinical skill development and the exploration of and insight into the common countertransference reactions to this patient population. The fellow learns to provide specialized approaches including evidence-based trauma-focused treatments. In addition, the fellow learns about a variety of treatment models, including systems-informed, ACT-informed, cognitive-behavioral, and psychodynamic therapies, as well as increase one's understanding of the neurobiological underpinnings of substance use disorders, PTSD, and approaches to psychopharmacology. There is a weekly interdisciplinary team meeting and a didactic seminar during which fellows have the opportunity to present their cases and/or relevant research and to learn from the team about the complex nature of treating co-occurring PTSD and substance use disorders. Supervision is provided primarily by staff psychologists, but significant consultation is available from the team lead staff psychiatrist.

Psychology (5%): The PTSD & SUD Fellow attends weekly seminars led by SFVAMC/UCSF staff, as well as other service and committee meetings, including the Psychology Staff Meeting and the Diversity Committee Meeting.

Primary PCT Supervisors: Angie Waldrop, PhD, Shira Maguen, PhD, Martha Schmitz, PhD, Susan Maxwell, PsyD, and G. Dawn Lawhon, PhD.

Primary SUPT Supervisors: Kristine Burkman, PhD and Sam Wan, PhD

## **10. Psychosocial Rehabilitation**

The fellow in the Psychosocial Rehabilitation (PSR) emphasis area participates largely in clinical care and training for those with severe mental illness (SMI). The fellow will receive training in a

number of clinics and programs, across a continuum of coordinated services: Psychosocial Rehabilitation and Recovery Center (PRRC), General Psychiatric Outpatient Services (GPOS), Psychiatric Intensive Care Unit (PICU), and Mental Health Intensive Case Management (MHICM). Furthermore, the fellow may gain some additional exposure to mental health training sites including San Francisco General Hospital (SFGH), a large multicultural urban public hospital and Langley Porter Psychiatric Institutes (LPPI) which serves a primarily insured population. The fellow will provide clinical, program development, teaching, and possibly research experience, and across these experiences the fellow receives advanced supervision and training in assessment, intervention, consultation and supervision, scholarly inquiry, professional issues, ethics, and sensitivity to diversity. The number of hours per week for each site and activity will be worked out collaboratively with the fellow at the outset of the fellowship, to take into account the particular fellow's skills, interests, and needs. There is an emphasis on professional development, and the fellow is encouraged to pursue individualized interests and strengths in developing and implementing evidence-based or manualized treatment interventions and conducting research studies for the veteran population. Across settings there is an emphasis on interdisciplinary collaboration and approaches.

The general areas are described more fully below:

Clinical: There are several clinical and education experiences and venues in which the PSR fellow would be involved to gain training in psychosocial rehabilitation and recovery. Since psychosocial rehabilitation and recovery programming at the VA nationally, and at our VA specifically, has been identified as an important focus, the fellow will learn skills in clinical leadership and program development. The specific programs and venues for the PSR Fellow will include the following:

1. PRRC (35% time) The Psychosocial Rehabilitation and Recovery Center (PRRC) program serves those with SMI and GAF scores of 50 or less. Based on a community college model, students (patients) select from among skills based classes (groups) those that would contribute to their individually chosen recovery goals. The PSR Fellow will be involved at all levels of the program, offering skills oriented classes (groups), individual intervention, and recovery oriented assessment including neuropsychological assessment as needed. The fellow will work in close coordination with the interdisciplinary team, and is expected to attend PRRC staff meetings and contribute to interdisciplinary training of staff. A majority of the fellow's clinical time will be spent in PRRC activities.

2. GPOS (15% time) The fellow would be involved in providing evaluation and possibly some follow up to individuals with SMI seen in General Psychiatric Outpatient Services (GPOS). The work will be done in close collaboration and with the support of the interdisciplinary team, with supervision from attending psychiatrists. Following evaluation clinics, trainees including the PSR Fellow present their findings to the team for discussion and further input.

3. PICU (15% time) The fellow will provide some evaluation, individual and group interventions on the psychiatric inpatient unit (Psychiatric Intensive Care Unit, PICU). Evaluations will focus on strengths in meeting goals chosen by the individual, and neuropsychological assessment will be included as needed. Of particular interest in terms of intervention may be groups focused on sensory integration, designed to enhance thalamic suppression mechanisms and attention.

4. MHICM (% time negotiable) The Mental Health Intensive Case Management team provides home visits to veterans with SMI, and shares numerous cases with the PRRC. The PSR fellow would serve as a liaison between the two programs, and would take part in home visits. Those individuals served by this program have all had relatively recent stays on the inpatient unit, have diagnoses of SMI, and are quite impacted by their conditions as reflected in the requirement that their Global Assessment of Functioning scores fall at 50 or below. Assertive case management is among the empirically-supported approaches of help for those with SMI.

5. CA and Suicide Prevention (% time negotiable) Interventions and rapid assessment of those with SMI often occurs in Central Access (mental health emergency) and the PSR Fellow will gain exposure to the work in this emergent setting. Furthermore, suicide prevention in SMI has emerged as a topic of particular interest to the field and to VA, and the fellow will gain some exposure both in CA and also in coordination with the SFVAMC Suicide Prevention Coordinator.

Program Development: The fellow will participate in ongoing work across settings to facilitate integration of care and smooth transitions to support intervention with SMI. As a part of this and in coordination with the Local Recovery Coordinator (LRC), (Michael Drexler, PhD) the fellow will assist in needs assessments and in the assessment of recovery oriented knowledge and skill of staff in various programs. In collaboration with the LRC, the fellow will participate in staff training based on the results of such assessments. The fellow may also conduct an independent PSR intervention at the individual, group, or system level under the supervision of the LRC, depending on the skills and interests of the particular fellow. While the fellow will work as a co-leader/co-therapist in classes/groups currently provided, the development of new groups following the principles of psychosocial rehabilitation and recovery will be encouraged.

Teaching and Supervision: In coordination with the Local Recovery Coordinator and other staff from the programs above, the PSR Fellow will take part in offering didactic presentations to staff across programs and settings, presenting on topics related to psychosocial rehabilitation and recovery. Furthermore, the Fellow will be expected to gain supervision experience with Interns and/or Externs involved in PSR and or related rotations. The Fellow will receive advanced relevant supervision.

Research: Some of the SFVAMC research strengths of particular interest to the PSR Fellow will likely include such studies as cognitive remediation in schizophrenia, neuroimaging in schizophrenia, and intervention in stigma for SMI. While research is not the primary focus of the PSR Fellowship, some involvement in clinical research will be encouraged to foster the development of a scientist-practitioner model worldview.

As for didactic and related training, there is a biweekly PSR Brownbag Seminar the Fellow will be required to attend and help to coordinate; there are weekly clinical staff meetings in PRRC.

Primary Supervisors: Michael Drexler, PhD, Jennifer Boyd, PhD and John McQuaid, PhD

## **11. Substance Use and Co-occurring Disorders Treatment**

The Substance Abuse Programs (SAP) within the Mental Health Service includes four collaborating clinics addressing the diverse treatment needs of veterans with Substance Use Disorders (SUD) and co-occurring psychiatric disorders: Substance Use/PTSD Treatment Clinic (SUPT), Opioid Replacement Treatment Clinic (ORT), Drug and Alcohol Treatment Clinic (DAT) and Substance Use Day Hospital (SADH).

The fellow in the Substance Use Disorders Treatment and Co-occurring Disorders emphasis area is an integral member of the service, being received as a “junior colleague.” The fellow assumes critical teaching, supervision, program development and leadership responsibilities. Specific activities are tailored to the fellow’s interests, potential growth areas and current training opportunities. The fellow will divide time between SUPT, ORT and DAT and may choose to work in SADH as an elective. While the fellow is housed in SAP, experiences are more focused on co-occurring disorders (primarily PTSD and SUD), with SUPT typically the largest rotation. Descriptions of training experiences within each clinic are listed below. Clinical Rotations:

1. Drug Abuse and Alcohol Treatment (DAT) Clinic (10-20% time):

The DAT Clinic is designed to provide outpatient treatment for veterans with substance use disorders and encourages long-term continuing care for those pursuing an abstinence-based recovery. Treatment is based on a three phase model (roughly equivalent to stabilization/sobriety, sustained recovery/abstinence, and integration/ongoing maintenance), and utilizes group psychotherapy as its main treatment modality. In this model, early treatment is highly structured and behaviorally oriented. More advanced phases are progressively less structured and more psychotherapy/insight oriented. Group psychotherapy ranges from highly structured, behaviorally oriented approaches (e.g., Marlatt’s CBT Relapse Prevention, Mindfulness Based Relapse Prevention) to semi-structured, process-oriented phase groups. While abstinence is the goal for most veterans in DAT, level of motivation varies among individuals; Motivational Enhancement Therapy groups are offered for veterans struggling with chronic relapse, as well as a track (based on motivational interviewing and harm reduction principles) for veterans who are ambivalent about long-term abstinence but willing to engage in treatment to address their substance use and concomitant problems. On this rotation, the fellow conducts a Mixed-Phase Substance Use Treatment group co-led with Joan Zweben, Ph.D. This is an ongoing interpersonal process group that focuses on substance use relapse prevention for patients with varying levels of recovery. The fellow provides regular updates at weekly DAT team meetings. Depending upon the training goals of the fellow, there may also be opportunities to conduct individual psychotherapy, provide case management, conduct intakes, engage in treatment planning and participate in program development.

Fellows receive clinical supervision from Staff Psychologists Joan Zweben, PhD and Chris Galloway, PhD and may also work with the DAT Clinic Director, Sally Vrana, MD and other members of the SAP training faculty.

2. The Substance Use Day Hospital (SADH) (0-10% time):

SADH is an Intensive Outpatient Program focused on comprehensive treatment in early recovery stages. SADH programming occurs Monday-Friday. Veterans attend therapeutic activities from 9am to 12pm with augmenting services (e.g., individual counseling, medical management, psychological testing) commonly provided outside core programming hours. Veterans have case coordinators and group is the primary psychotherapeutic service modality. The empirically informed SADH curriculum includes medical management, motivational interviewing, relapse prevention, trauma-informed intervention, third-wave CBT (e.g., ACT, DBT) intervention, psychoeducation, vocational therapy, recreational therapy, and 12-step facilitation. Fellows who elect to participate in SADH can expect depth and breadth of advanced education and experience in substance use. Fellows attain expertise in diagnosing substance use and co-occurring psychiatric conditions and providing appropriate evidence-based treatments. Fellows assess and triage substance intoxication and withdrawal. Fellows gain experience in complex case management and effective collaboration, including master understanding of medical management of addictive behaviors and allied

medical services. Fellows collaborate with anesthesia-pain fellows, psychiatry residents and fellows, medical students and psychology externs. Fellows engage in program development (e.g., development and dissemination of added milieu curricula) and ladder supervision of newer trainees.

Fellows receive clinical supervision from Staff Psychologists Carl Williams, PhD and Christopher Galloway, PhD, as well as Ellen Herbst, MD, Staff Psychiatrist and Medical Director of SADH.

### 3. Substance Use/PTSD Treatment Clinic (SUPT) (50% time):

The SUPT is one of only five specialized programs in the VA system dedicated to treatment of veterans with co-occurring SUD and PTSD related to combat, combat support, combat training, or military sexual trauma (MST) in the course of active duty military service. Similar to other rotations our veteran population is quite diverse and multicultural. The interdisciplinary team consists of a psychiatrist, two psychologists, two social workers, postdoctoral psychology fellows, predoctoral interns, externs, and psychiatry residents. The fellow's clinical experiences on this rotation will include a wide range of clinical interventions that include individual and group psychotherapy, case coordination, diagnostic evaluations and treatment planning. Fellows learn techniques to work with these populations in a phase-oriented program which emphasizes group treatment and psycho-educational modalities (e.g., anger management; PTSD symptom management; seeking safety, mindfulness), but that also utilizes individual approaches. Fellows may also receive supervised experience supervising junior trainees on this rotation. The SUPT team provides a supportive context for fellow's clinical skill development and the exploration of and insight into the common countertransference reactions to this patient population. The fellow will also learn to provide specialized approaches including evidence-based trauma-focused treatments. In addition, the fellow will learn about a variety of treatment models, including systems-informed, ACT-informed, cognitive-behavioral, and psychodynamic therapies, as well as increase one's understanding of the neurobiological underpinnings of substance use disorders, PTSD, and approaches to psychopharmacology. There is a weekly interdisciplinary team meeting and a didactic seminar during which fellows will have the opportunity to present their cases and/or relevant research and to learn from the team about the complex nature of treating co-occurring PTSD and substance use disorders.

Fellows receive clinical supervision from Staff Psychologists, Sam Wan, PhD and Kristine Burkman, PhD. Consultation with John Straznickas, MD, Staff Psychiatrist and Team Leader of SUPT will also be provided.

### 4. Opioid Replacement Treatment Clinic (ORT) (20-30% time):

The ORT Clinic is an intensive outpatient substance use treatment program for patients with opioid dependence, offering comprehensive mental health services, psychosocial rehabilitation and medication-assisted treatments for addiction. The majority of ORT patients also have co-occurring psychiatric disorders and polysubstance use disorders (e.g., stimulants, alcohol, benzodiazepines, and nicotine), medical illnesses, such as hepatic diseases and psychosocial stressors, such as homelessness. ORT functions as a multidisciplinary medical and clinical team that includes two attending psychologists, two attending psychiatrists, nurses, addiction therapists, psychology postdoctoral fellows, interns, and externs, psychiatry residents and addiction medicine fellows, nursing students, a toxicology specialist and pharmacy staff. Although classified as an outpatient program, the milieu more resembles an intensive day program and many veterans come to the program 4-7 days per week. Dispensing is open every day and psychological services are offered primarily in the mornings Monday-Friday. While pharmacotherapy is not a requirement for patients to participate in ORT, most choose medication assisted treatment for opioid dependence, which is supported with a large evidence base and is mandated as a treatment option within the VA. We offer in-clinic dispensing of buprenorphine and methadone as well as outpatient buprenorphine treatment and



naltrexone. Our nurses also help patients manage psychiatric and other medications such as disulfiram for alcohol dependence. Thus, psychology fellows learn a significant amount about psychopharmacology in addition to psychological treatments of addiction. The fellow will be fully integrated into the ORT team and will participate in weekly ORT Clinical Team Meetings, ORT didactics, and daily medical rounds. This rotation will provide fellows with an opportunity to increase knowledge of substance use disorders, particularly opioid dependence, medication assisted treatments, associated co-morbid medical conditions, and co-occurring psychiatric disorders, while developing a solid foundation in effective evidence-based treatment for addiction and recovery from the addiction lifestyle. Clinical opportunities include individual psychotherapy cases (long-term and/or short-term problem focused utilizing CBT, ACT, IPT and psychodynamic models), co-facilitation of psychotherapy groups (interpersonal process and/or skills-based), psychological and neuropsychological assessment, and treatment planning/case coordination. In most years, the fellow chooses to co-lead the Young Adults Recovery Group with Dr. Rollins, a unique service-wide interpersonal process psychotherapy group for younger veterans based on Yalom and SAMHSA's TIP-41 and utilizes harm reduction and motivational interviewing techniques. The fellow may also have the opportunity to plan, develop, and implement a psychotherapy group of choice with an intern or extern and supervise. Examples of past groups include DBT, Seeking Safety, social anxiety treatment, harm-reduction alcohol recovery, mindfulness-based groups, pain management, social skills, and anger management. There is an emphasis placed on leadership and/or teaching skills and professional and program development for the fellow in ORT. Depending on interest, there are also opportunities to engage in quality improvement projects and existing research projects.

Fellows will receive clinical supervision from Kellie Rollins, PsyD, Director of Psychology Internship and Practicum Training and/or Jessica Keyser, PhD, Staff Psychologist. Consultation with David Kan, MD, Staff Psychiatrist and Medical Director of ORT, will also be provided.

#### Additional Opportunities and Responsibilities

##### 1. Supervision Training

Developing as a supervisor/teacher is a vital component of the fellow's training year. In addition to participating in didactics on supervision provided in the broader SFVA fellow training seminar, the SAP fellow engages in supervision of psychology externs. The fellow leads a weekly 60-minute group supervision meeting with 2-4 psychology externs, which includes a review of cases (e.g., theory, conceptualization, and therapy techniques), assigned SUD readings, and professional development topics. Additionally, the fellow meets weekly with one psychology extern for 30-60 minutes of individual supervision. The fellow utilizes his/her own weekly individual supervision time ("sup of sup") to monitor his/her performance and training needs as a supervisor, discuss assessment and teaching assessments used with trainees, and expand his/her own skills as a supervisor/teacher.

##### 2. Advanced Substance Use Disorders Faculty/Fellow Seminar

The Advanced Substance Use Faculty/Fellow Seminar is a weekly collegial 90-minute forum required for fellows and is the core of their didactic training. It is chaired by Joan Zweben, Ph.D., an APA Division 50 fellow and author of numerous books, articles and papers on the treatment of addiction. The seminar is attended by SAP staff psychiatrists, staff psychologists, psychiatry residents, post-doctoral fellows from the SAP, Infectious Disease Clinic and PTSD/SUD emphasis areas, medical students, psychology externs, anesthesia medicine fellows and invited professionals from the community. The seminar covers the full range of the scholarly underpinnings of substance use disorders including: a review of prevailing treatment models such as Relapse Prevention, Contingency Management, Motivational Interviewing,

Pharmacotherapy, and other psychosocial treatments of addiction; sociopolitical and legal issues affecting the field; pertinent research studies; medical interventions relevant to substance use; issues pertaining to special populations (e.g., opiate replacement in pregnant women, exposure treatment in co-occurring PTSD/SUD populations, use of prescription medications in adolescents, methamphetamine use in gay men, alcohol use in the elderly); and review of specific substances including newer drugs of abuse and challenges with urine drug testing. To augment learning and seminar discussion, there are required and recommended readings throughout the year. Fellows take an active role by presenting three times during their fellowship. Presentations may include case presentations, didactics on a topic of interest, discussing research findings, and/or using the seminar as a venue to prepare a job talk or conference presentation with a knowledgeable and often lively audience.

## **12. Women's Mental Health and Trauma**

The Women's Mental Health and Trauma post-doctoral fellow will be primarily based in the Women's Clinic, with substantial coordination with the Access Center, primary care and the Posttraumatic Stress Disorder Clinical Team (PCT) and a rotation through the High Risk Obstetric Program at San Francisco General.

Clinical: Fellow will work in the Access Center, Women's Integrated Care Clinic, the Women's OEF/OIF Integrated Care Clinic as well as in rotation with the high risk obstetric program at SFG.

The fellow will spend 2 hours/week for 6 months at the Access Center, conducting comprehensive diagnostic evaluations and treatment planning with women veterans who want to establish mental health services at the San Francisco VA.

Women's Integrated Care Clinic provides women veterans with a mental health evaluation and brief treatment within the primary care setting. The fellow will provide same day evaluation of patients who screen positive for depression, PTSD, substance abuse, intimate partner violence or military sexual trauma at their primary care physician visit. The intent is to provide not only seamless evaluation and referral, but to focus on treatment engagement in a destigmatized setting in an effort to decrease barriers for women to accessing mental health care within the VA system.

The OEF/OIF Integrated Care Clinic provides the fellow an opportunity to interface with newly returning women veterans. In this clinic, the veteran initially meets with a primary care provider, second with a mental health provider, third with a social worker, and with neurology if indicated to provide a "one stop shop" model for early diagnosis. Across clinics here are opportunities to learn evidence based psychotherapies, which include Cognitive Behavioral Therapy, Interpersonal Psychotherapy, Seeking Safety, Acceptance and Commitment Therapy, Mindfulness-Based Stress Reduction, Dialectical Behavioral Therapy, Cognitive Processing Therapy (through PCT), and Prolonged Exposure (through PCT).

For six months, the fellow will also rotate one day every other week in the San Francisco General High Risk Obstetrics clinic. The women who are served in this clinic are from a wide range of cultural backgrounds, many of whom are monolingual Spanish speakers, and have been exposed to high rates of violence and trauma. A high percentage of them suffer from mental health issues, homelessness, and poverty. In the HROB clinic, the trainee will consult with a multidisciplinary team that includes primary care providers,

obstetricians, social workers, and other mental health providers, and participate in the weekly multidisciplinary case conference with psychiatry, social work, and obstetric providers.

Didactics/Supervision: The fellow assigned to Women's Mental Health and Trauma emphasis area will participate in one hour long didactic/clinical meetings at the Women's Clinic. They will have the opportunity to supervise externs on individual treatment and to co-lead groups with these trainees, as the senior clinician. Fellows will be provided supervision by licensed psychologist, Dr. Hui Qi Tong and staff psychiatrist, Dr. Caitlin Hasser and licensed social worker, Leila Zwelling with the Women's Mental Health Program, as well as with licensed psychologists affiliated with Women's Clinic (Drs. Shira Maguen, Martha Schmitz and Sabra Inslicht). While the focus of supervision will include case management and the conduct of evaluation and treatment, it will also focus strongly upon professional development within the Clinic and VA setting. Issues concerning program development, professional identity, interface between clinics, supervision, and work/life balance will be covered.

Program development: As the Women's Mental Health Program is undergoing growth to better serve our women veterans, the fellow will have 4 hour/week to work on a program development related project. It has been our tradition that our fellow will be in charge of preparing and leading the annual Women's Mental Health Program retreat with the Women's Health & EBP Fellow S/he will be responsible for surveying the topic for the retreat, inviting presenters, and following up on action plans.

Primary Supervisor: Hui Qi Tong, PhD

Delegated Supervisor: Caitlin Hasser, M.D

Additional Core Faculty: Leila Zwelling, LSW; Shira Maguen, PhD.; Martha Schmitz, PhD , Sabra Inslicht, PhD., Anna Spielvogel, M.D.(SFG)

## **Requirements for Completion**

Fellowship is a full-time (40-hour week), one year (52 week), commitment equaling approximately 2080 hours.

In response to APA's increasing emphasis on setting, measuring and objectifying the benchmark criteria for acquisition of these clinical skills, our Fellow Evaluations quantitatively track successful mastery of each competency area. To successfully complete our fellowship, a fellow's final set of rotation evaluations should be rated at 80% competent at a fellow exit level which is equivalent to "no supervision needed."

In order for Fellows to maintain good standing in the program they must:

- For the 4 and 8 month evaluation points, obtain evaluation ratings that are the equivalent of "little supervision needed" in at least 80% of items for each competency area.
- Demonstrate progress in those competency areas where less than 80% of items on the evaluation have been rated equivalent to "little supervision needed".
- Not be found to have engaged in any significant ethical transgressions

In order for Fellows to successfully complete the program, they must:

- By the end of the year, obtain evaluation ratings of the equivalent to "no supervision needed" in at least 80% of items in each competency area.
- Not be found to have engaged in any significant ethical transgressions

## **Facility and Training Resources**

Fellows will have their own workspace with lockable cabinets, drawers, their own computer and telephone line with private extension number. They may have their own office or share cubbies depending on the nature of the emphasis area you are assigned (e.g., Primary Care fellow will be housed in Medical Practice and may need to rotate space with medical residents). You may inquire about your office space during your interview. Fellows carry VA issued pagers and are not expected to use their own resources such as cell-phones, flash drives or recording equipment. Fellows have access to program support, medical library at the VA as well as use of UCSF library and other resources. Clinical space will be provided through a room check-out procedure if necessary. Each VA computer has access to the Internet and on-line literature search resources as well as word processing and CPRS medical record keeping. There is a broad range of psychological and neuropsychological tests available. Clerical support is available through each treatment unit as well as through Psychological Services. The SFVAMC Medical Library has over 350 current journal subscriptions, 43 of which are mental health related. Medline and Psych Info searches are provided through the library, as are numerous other resources. Fellows also have access to the medical library of UCSF, with its 2,600 current journals and Center for Knowledge Management services.

## **Administrative Policies and Procedures**

Our privacy policy is clear: we will not collect personal information about you when you visit our Website.

**Procedures for due process** in cases of problematic performance are in place, as are grievance procedures to be followed by fellows and staff alike.

## **POLICY & PROCEDURES FOR PROBLEMATIC FELLOW PERFORMANCE AND DUE PROCESS**

### **Introduction**

It is the purpose of the Clinical Psychology Training Program to foster and support the growth and the development of Fellows during the training year. An attempt is made to create a learning context within which the Fellow can feel safe enough to identify, examine, and improve upon all aspects of his or her professional functioning. Therefore, Fellows are encouraged to ask for and supervisors are encouraged to give feedback on a continuous basis. When this process is working, there should be no surprises since a Fellow is aware of his/her progress on an ongoing basis. It is a goal of training for supervisors to work with Fellows to identify both strengths and problem areas or deficiencies as early in the year as possible so as to be able to develop a plan with the Fellow to address the problem area(s) and build on the strengths.

## **Definitions of Problematic Behaviors**

For the purposes of this document Fellow “problematic behaviors” are defined broadly as an interference to professional functioning which is reflected in one or more of the following ways:

1. a violation of American Psychological Association or Veterans Health Administration professional and/or ethical standards;
2. repeated non-adherence to the rules and regulations of the Clinical Psychology Training Program and/or the San Francisco VA Medical Center;
3. an inability to acquire professional skills that reach an acceptable level of competency, and/or;
4. an inability to control personal stress and/or excessive emotional reactions which interfere with professional functioning.
5. professional issues that impair the ability to perform satisfactorily as psychologists-in-training

Evaluative criteria which link this definition of “problematic behaviors” to particular professional behaviors are incorporated in the specific evaluation forms for clinical work which are completed by supervisors formally at quarterly intervals. These criteria are kept in mind throughout the year and discussions regarding a Fellow’s progress with respect to them are discussed by the staff in an ongoing manner.

While it is a professional judgment as to when a Fellow’s behavior becomes serious rather than just problematic, for the purposes of this document a “problem” refers to a Fellow’s behaviors, attitudes, or characteristics which, while of concern and which require remediation, are perceived to be not very unexpected or excessive for professional in training. Problems typically become identified as “severe” when they include one or more of the following characteristics:

1. the Fellow does not acknowledge, understand, or address the problem when it is identified;
2. the problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
3. the quality of services delivered by the Fellow is sufficiently negatively affected;
4. a disproportionate amount of attention by training personnel is required, and/or
5. the Fellow behavior does not change as a function of feedback, remediation efforts, and/or time.

## **Policy**

A. It is the policy that a Fellow may fail a specific rotation, and/or entire Fellowship and/or they may be terminated from the program prior to completion. It is expected that this will be an extremely unusual event. Because the Fellows group may be diverse and because Fellows come with different skills and abilities, it is not expected that all Fellows will have achieved the highest level of accomplishment in all areas in order to satisfactorily complete a rotation. Failure and/or termination may occur for any of the following reasons but it is not limited to this list:

1. incompetence to perform typical psychological services in this setting and inability to attain competence during the course of Fellowship;
2. violation of the ethical standards of psychologists;

3. failure to meet the minimum standards for either patient contact, didactic training, or testing competence;
4. behaviors which are judged as currently unsuitable and which hamper the Fellow's professional performance;
5. violation of VHA or San Francisco VA Medical Center regulations.

B. It is also the policy that the Fellow can invoke his/her right of appeal as specified the Procedures and Due Process section of this document.

## **Procedures and Due Process**

### **A. Determination of "Severe Problematic Behavior" Status**

Whenever a supervisor becomes aware of a Fellow's problem area or deficiency which seems not be resolvable by the usual supervisory support and intervention, it should be called to the attention of the Director of Training. The Director of Training will gather information regarding this problem including, if appropriate, an initial discussion with the Fellow. The Director of Training will then present the situation to a meeting of the Training Committee (minus the Chief Psychologist). A determination will then be made by consensus whether or not to label the Fellow with, "severe problematic behaviors," which implies the possibility of discontinuing the training. This will be done after a thorough review of the Fellow's work and performance, and one or more meetings with the Fellow to hear his /her point of view. If such a determination is made, a further decision is made by majority vote of the Training Committee to either (1) construct a remedial plan which, if not successfully completed, would be grounds for termination; or (2) initiate the termination procedure.

### **B. Remedial Action**

A Fellow who is determined with "severe problematic behaviors" but potentially able to benefit from the remedial action will be asked to meet with the Training Committee to discuss the concern(s) and to determine the necessary steps to correct it. If deemed helpful by the Fellow, members of the faculty at the Fellow's graduate program may be consulted for input into this planning process. When a plan for correction has been determined, the Fellow will receive written explanation of the concern and specifics of the corrective plan. This plan will also specify the time frame for the corrective action and the procedure for determining that the correction has been adequately achieved. If the correction has not been accomplished, either a revised remedial plan will be constructed, or the Training Committee will proceed to terminate the Fellow.

### **C. Procedure for Termination and Appeal**

1. Due Process: The Fellow will be provided an opportunity to present arguments against termination at a special meeting of the Training Committee. Direct participation by the Director of Training or another designee from the Fellow's graduate program shall be sought. If he/she is unable to attend personally, arrangement shall be made for some means of conference call communication. Additionally, other representation may be sought by the Fellow.

2. Appeal: Should the Training Committee recommend termination, the Fellow may invoke his/her right of appeal to the Chief Psychologist. That individual may appoint one or more psychologists to assist him/her in responding to the appeal. These psychologists would not be on the Training Committee (nor would have supervised the Fellow) and may include someone from another APA-accredited program such as Palo Alto VA. The training program shall abide by the decision of the appeal process.

## **Grievance Policy & Procedures**

It is the goal of the Psychology Training Program to provide an environment that creates congenial professional interactions between staff and Fellows that are based on mutual respect; however, it is possible that a situation will arise that leads an Fellow to present a grievance. The following procedures are designed to ensure that a grievance is resolved in a clear, timely and practical manner.

1. Causes for grievance could include, but are not limited to, exploitation, sexual harassment or discrimination, racial harassment or discrimination, religious harassment or discrimination, capricious or otherwise discriminatory treatment, unfair evaluation criteria, and inappropriate or inadequate supervision and training.
2. Causes for grievances should be addressed in the following steps:
  - a. The Fellow should make a reasonable effort to resolve the matter with the person(s) with whom the problem exists. This might include discussion with the individual in a dyad or with a sympathetic third person to act as an intermediary. When causes for grievance involve a psychologist, the Fellow should always notify the Director of Training, even if the issue is resolved.
  - b. A situation might be too difficult for a Fellow to speak directly to the individual. In that instance, the Director of Training should be involved to seek an informal resolution of the matter.
  - c. If the steps taken in a. and b. above fail to resolve the matter adequately, the Fellow can file a formal written grievance with the Director of Training. This grievance should outline the problem and the actions taken to try and resolve it. The Director of Training has the responsibility to investigate the grievance. The Director of Training will communicate to the Psychology Training Committee and will involve the Training Committee in the investigation as warranted. Based upon the findings of the investigation by the Director of Training (and Training Committee, if indicated), the Director of Training will decide how to resolve the matter. In most instances, this decision will be made in consultation with the Training Committee.
  - d. If the grievance is against the Director of Training, the Chief Psychologist will designate a member of the Psychology Training Committee to undertake the investigation of the matter and report back to that office.
  - e. If the Fellow is not satisfied with the Director of Training's decision, the matter can be appealed to the Chief Psychologist who will review the complaint and decision and either support the decision, reject it, or re-open the investigation in order to render a decision.

## Application & Selection Procedures

### Application Timetable

Submit electronic applications for all one-year fellowships by **December 1, 2014, 11:59pm PST** using the APPIC Centralized Application System (CAS). You may apply to **more than one** emphasis area, but need to submit only **one application**, unless there are additional and different supplemental materials required per emphasis area.

The application instructions can be found at the end of this brochure and on our postdoctoral website <http://www.sanfrancisco.va.gov/education/psychologytraining.asp>.

### Eligibility

Candidates **MUST** be graduates of **APA-accredited doctoral programs in clinical or counseling psychology** and **MUST** have completed an **APA-accredited internship**. All requirements for the doctoral degree must be completed prior to the start of the fellowship year. Persons with a Ph.D. in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible. The VA requires that applicants are **US Citizens**, men have registered for selective service, and all have had varicella infection ("chicken pox") or vaccination for such prior to the start of the fellowship. For the Clinical Neuropsychology Residency candidates must be graduates of **APA-accredited doctoral programs in clinical or counseling psychology** with specialized training in clinical neuropsychology consistent with guidelines established in the Houston Conference on specialty education and training in clinical neuropsychology. They must also have completed an **APA-accredited internship** with additional general and specialized training to prepare the applicant for clinical neuropsychology residency training.

Specific details related to eligibility as found on [www.psychologytrainingva.gov](http://www.psychologytrainingva.gov):

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
3. Interns and Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.
5. Have received a Doctorate from an APA-accredited graduate program in Clinical or Counseling Psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible.
6. Have completed an internship program accredited by the APA Commission on Accreditation or have completed a VA-sponsored internship.



## Nondiscrimination Statement

The SFVAMC Psychology Postdoctoral Fellowship Program is committed to a policy of nondiscrimination on the basis of race, sex, age, religion, ethnicity, disability, marital status, sexual orientation, and Veteran status. This policy is in adherence with application, selection, orientation and employment in all SFVAMC programs, services and activities. The San Francisco VAMC is an Affirmative Action / Equal Opportunity Employer.

## Selection Process

Completed applications are reviewed by the supervisors of each emphasis areas (who are members of the Psychology Training Committee) and the current postdoctoral fellows assigned to that area of emphasis. These members, in addition to the Director of Training Psychology Postdoctoral Fellowship, form the Fellowship Selection Committee for each area of emphasis.

Application ratings are based on the applicant's interest, experience and quality of previous clinical training in the area of emphasis, academic work and accomplishments, letters of recommendation, personal qualities of the applicant (maturity, ethics, responsibility, insight, etc.) and written material. Ultimately, our selection criteria are based on a "goodness-of-fit" and we look for fellows whose experience and career goals match the training that we offer.

If you have been selected to interview, you will be invited by telephone by a member of the Selection / Training Committee of the emphasis area. It is anticipated that all applicants will be notified whether they will be invited or not either by telephone or by email no later than **December 28, 2014**.

## Interviews

Interviews will take place on-site, occasionally by telephone or Vtel, and will be conducted between **Thursday January 1, 2015 and Friday January 16, 2015**. Interviews consist of a series of 30 minute individual meetings with members of the Fellowship Selection Committee (supervisors and postdocs in that emphasis area and the Director of Training). Once you are invited, you can coordinate your interview date with our program administrator, or a member of the Selection /Training Committee. If you have applied to more than one emphasis area, you may want to wait to hear from those supervisors prior to setting up a date so that you can try to interview in one day or on two consecutive days. We will work to accommodate your travel dates and preferences.

## Notification

The emphasis areas for the Postdoctoral Fellowship Program will begin making offers on **Tuesday, February 17, 2015 at 7:00am PST**. Candidates will be allotted 48 hours to hold their offer. Emphasis area positions will remain open until filled. The Fellowship Program abides by APPIC's policies and procedures about notification.

## Training Term

The fellowship is a full-time (40 hours per week), one year, 52 week (plus one day) commitment beginning **August 31, 2015 to September 1, 2016**. One year at full-time equals approximately 2080 hours. Fellows are entitled to 10 federal holidays and earn sick leave and vacation (annual leave) days at a rate of 4 hours of each per two-week pay period (a total of 13 days of each). San Francisco VA also offers generous professional leave for conferences and other approved educational activities.

#### Stipend and Benefits

The current stipend is \$50,006 per year. State and federal income tax and FICA are withheld from Fellows' checks. Fellows are not covered by Civil Service retirement or leave and are not eligible for federal life insurance benefits. The United States Government covers fellows for malpractice under the Federal Tort Claims Act. VA offers individual and family health insurance plans for fellows on a matching basis, (i.e., fellows pay half of the premium and the VA pays the other half.) On June 26, 2013, the Supreme Court ruled that Section 3 of the Defense of Marriage Act (DOMA) is unconstitutional. As a result of this decision, the Office of Personnel Management (OPM) has now extended benefits to employees and annuitants who have legally married a spouse of the same sex. Dental and vision insurance are also available. San Francisco VA Medical Center also offers a public transportation reimbursement program. Fellows are entitled to 10 federal holidays and earn sick leave and vacation (annual leave) days at a rate of 4 hours of each per two-week pay period (a total of 13 days of each). San Francisco VA also offers professional leave for conferences and other approved educational activities.

#### Application Procedure

To apply for our one-year fellowships please submit electronic applications by **December 1, 2014, 11:59pm PST** exclusively to the APPA CAS (APPIC Psychology Postdoctoral Application) System at: **<https://appicpostdoc.liaisoncas.com/applicant-ux/#/login>**. Please do not mail any materials in hard copy form with the exception of the Official Graduate School transcript that will be mailed directly from the University Office of the Registrar.

1. The **Application** form (found at the end of this brochure) including the two essays (**Essay1, Essay2**) and any **Supplemental** materials required for each emphasis area
2. Current Curriculum **Vitae**
3. Three (3) letters of **Recommendation**
4. Official graduate school transcripts mailed directly from the University Registrar to:  
Attention: Ms. Jamye Kubick  
San Francisco VA Medical Center  
4150 Clement Street (116B)  
San Francisco, CA 94121
5. A letter of support from your **Dissertation chairperson** describing your dissertation status and timeline if you have not completed your graduate degree. Dissertations must be complete before the postdoctoral fellowship begins. Please note we will be monitoring dissertation progress and status on a routine basis. All requirements for the doctoral degree must be completed prior to the start of the fellowship year.

6. A letter of support from your current **Internship Training Director** indicating that you are in good standing to successfully complete your predoctoral internship, including the expected completion date. If internship already completed, you can mail a copy of your pre-doctoral internship certificate.

#### Electronic Application Instructions

All materials should be submitted through the APPA CAS (APPIC Psychology Postdoctoral Application) System at: <https://appicpostdoc.liaisoncas.com/applicant-ux/#/login>. Please do not mail any materials in hard copy form with the exception of the Official Graduate School transcript that will be mailed directly from the University Office of the Registrar.

#### Contact Information

Questions regarding your application or other administrative matters should be directed to Ms. Jamye Kubick at [Jamye.Kubick@va.gov](mailto:Jamye.Kubick@va.gov) or via 415-221-4810 x2004.

Specific questions regarding the Training Program in general may be directed to Dr. Sam Wan at [samuel.wan@va.gov](mailto:samuel.wan@va.gov).

The San Francisco VA's Psychology Fellowship is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA); next site visit is 2014. The Postdoctoral Residency in Clinical Neuropsychology is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA); next site visit is 2019. The San Francisco VA's Psychology Fellowship Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the Postdoctoral Residency in Clinical Neuropsychology is registered with the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN). Our Psychology Fellowship is affiliated with the University of California, San Francisco.

#### **Commission on Accreditation (CoA), American Psychological Association**

750 First Street, NE  
Washington, DC 20002-4242  
202-336-5979 [www.apa.org/ed/accreditation/](http://www.apa.org/ed/accreditation/)

#### Other Information

In accord with the Federal Drug-Free Workplace Program, fellows may be subject to urine testing for illicit drug use. Other branches of the federal government (Office of Personnel Management) may conduct routine background checks at their discretion.

The San Francisco VAMC is an Affirmative Action/Equal Opportunity Employer.

## San Francisco VA Medical Center Psychology Training Staff

**Keith R. Armstrong, LCSW** is the Director of the Family Therapy Clinic, the social workers in Mental Health Service and is a Clinical Professor of Psychiatry at the University of California, San Francisco (UCSF). He is also a member of the Posttraumatic Stress Disorder Program. Prior to his 23 years of outpatient work at the VA he was the inpatient social worker for the VA's Psychiatric Inpatient Unit. He received his master's degree in Social Work from University of California, Berkeley in 1984. He is author of clinical and research articles and chapters addressing the treatment of traumatized individuals and families. He co-authored *Courage After Fire*, a self-help book for returning Iraq and Afghanistan veterans and their families and recently co-authored book *Courage After Fire for Parents*. In 2005 he also won the Excellence in Direct Teaching Award by the Haile Debas Academy of Medical Student Educators and in 2011 he won the prestigious George Sarlo award given to the top UCSF Department of Psychiatry instructor. In 2013 he was given his 5th excellence in teaching award by the University of California Psychiatry Residents Association. He is currently a consultant to the intensive Family Therapy program at UCSF and in 2013 was named national social worker of the year for the VA.

**Nikki P. Armstrong, PhD** is a staff psychologist at the SFVAMC, Santa Rosa CBOC. Dr. Armstrong earned her doctorate in clinical psychology, with a dual-specialty in Severe Mental Illness (SMI)/Psychosocial Rehabilitation (PSR), from the University of Hawaii at Manoa. She completed a pre-doctoral generalist internship at the VA Los Angeles Ambulatory Care Center and a post-doctoral fellowship in *PSR and Recovery-Oriented Services for Veterans with SMI* at the VA San Diego Healthcare System. At the Santa Rosa CBOC, Dr. Armstrong provides behavioral health consultation services to patients and staff in the Primary Care Clinic, and conducts triage, intakes, and individual and group psychotherapies with veterans in the Mental Health Clinic. She also provides clinical supervision to VA psychology externs and post-doctoral fellows. Dr. Armstrong's primary interest is in the assessment and treatment of psychotic disorders. She is trained in evidence-based treatments for a variety of mental health issues, including CBT for psychosis and CPT for PTSD, and is certified by the U.S. Army Medical Command in primary care-behavioral health consultation.

**Nazneen Bahrassa, PhD** is a Staff Psychologist on the Suicide Prevention Team based in the Santa Rosa CBOC. Dr. Bahrassa received her doctorate in counseling psychology from the University of Minnesota, Twin Cities, where her research focused on parent-child conflict among immigrant and non-immigrant families. She completed her pre-doctoral internship at the VA St. Louis Health Care System and postdoctoral fellowship at the San Francisco VA Medical Center, where she specialized in women's health and trauma. Dr. Bahrassa performs a range of clinical, administrative, and educational duties focused on the assessment, management, and treatment of suicidal behaviors in veterans in the northern CBOC communities (Santa Rosa, Ukiah, Eureka, and Clearlake). She also provides supervision to VA trainees in psychology and offers training in individual and group therapy services for women veterans including DBT and trauma-focused care. Dr. Bahrassa's current research interest include examining the impact of intimate partner conflict on women's health and well-being.

**Steven L. Batki, MD** is Chief of the Substance Abuse Programs, Director of the Addiction Psychiatry Fellowship Program, and Director of the Addiction Research Program at the San Francisco VA Medical Center. He is Professor in Residence in the UCSF Department of Psychiatry. In his previous role at UCSF,

he was Director of the Division of Substance Abuse and Addiction Medicine at San Francisco General Hospital. Dr. Batki engages in clinical research in addiction psychiatry and psychopharmacology with a focus on the treatment of addiction and comorbid mental illness and medical disorders. His research work is currently funded by NIDA and the Department of Defense. His NIDA projects are aimed at improving the treatment of methamphetamine dependence. Dr. Batki's DoD-funded research at the San Francisco VAMC focuses on clinical trials to improve the treatment of alcohol use disorder in veterans with PTSD and in veterans with mild TBI..

**Jennifer E. Boyd, PhD, CPRP** is the Associate Chief of Mental Health for Psychosocial Recovery Services. She is also an Associate Adjunct Professor of Psychiatry at the University of California, San Francisco. Dr. Boyd was educated at Stanford University, the University of Maryland, Georgetown University, and Columbia University. Her research investigates the influence of sociocultural factors on psychopathology, such as the cross-cultural validity of psychological measures, and the effect of internalized stigma on the course of severe mental illness. Noteworthy papers include —"Hearing voices: Explanations and implications," "Internalized stigma predicts erosion of morale among psychiatric outpatients," "Correlates and consequences of internalized stigma for people living with mental illness: a systematic review and meta-analysis," "The relationship of multiple aspects of stigma and personal contact with someone hospitalized for mental illness, in a nationally representative sample" In clinical work, Dr. Boyd uses the recovery model of psychosocial rehabilitation. She received awards from the American Psychological Association Division 18 in 2009 for Outstanding Contributions in Psychosocial Rehabilitation, and in 2013 the Michael S. Neale award for service to people with serious mental illness.

**Kristine Burkman, PhD** is a staff psychologist with the Substance Use and PTSD (SUPT) Clinic and the PTSD Research Program. Dr. Burkman received her doctorate in clinical psychology from Northwestern University, Feinberg School of Medicine, where her research focused on developmental trauma and risk behaviors among youth in the child welfare system. She completed her pre-doctoral internship and postdoctoral fellowship at the San Francisco VA Medical Center, where she specialized in traumatic stress and co-occurring substance use disorders. Dr. Burkman provides supervision to trainees in psychology and psychiatry, and participates in the SUPT educational seminar. She offers training in comprehensive diagnostic evaluations, engagement among highly ambivalent veterans, individual and group psychotherapy, including trauma-focused cognitive behavioral therapies, and program development. Her clinical interests include developmental trauma, war stress, attachment, addiction, harm reduction, motivational enhancement therapy, and skills based interventions for self-regulation (i.e., DBT, Seeking Safety, anger management, mindfulness). Dr. Burkman's research interests include psychological impact of killing in war, moral injury, gender difference in combat PTSD, and treatment development for PTSD and complex trauma.

**Timothy P. Carmody, PhD** is Director of the Health Psychology Program, Health Sciences Clinical Professor of Psychiatry, UCSF, and Associate Director for Mental Health for the Center of Excellence for Education in Patient-aligned Care Teams in Primary Care. He received his doctorate in clinical psychology from the University of Montana in 1977 and has been a member of the Psychological Services staff since 1985. His professional interests include nicotine dependence, chronic pain, obesity/weight control, and behavioral factors in the prevention and treatment of coronary heart disease. He is affiliated with the Department of Psychiatry's Treatment Research Center and NIDA-funded Drug Abuse Treatment/Services

Research Training Program, focusing on tobacco use cessation in alcohol-dependent smokers. He has published in a variety of areas in behavioral medicine including smoking cessation, pain management, and prevention of coronary disease. Dr. Carmody has been the recipient of a Research Career Development Award from the National Heart, Lung, and Blood Institute (NHLBI) and has served on several ad hoc grant review committees for NHLBI. He was also a member of the Evidence-Based Behavioral Medicine Committee for the Society of Behavioral Medicine. His research has been funded by the VA HSR&D and RR&D Programs, NIDA, and the University of California Tobacco-Related Diseases Research Program. He serves as an editorial consultant to several professional journals and is a member of the editorial boards for the *Journal of Clinical Psychology in Medical Settings* and *Psychological Services*. He also serves as chair of the VA's National Technical Advisory Group for tobacco use cessation, member of the planning committee for the VA Psychology Leadership Conference, and is current chair of the APA Division 18/VA section.

**Maggie Chartier, PsyD, MPH** is a staff psychologist at the San Francisco VA Medical Center and an Assistant Clinical Professor at UCSF. She is also the National Public Health Clinical Psychologist for VHA's HIV, Hepatitis, and Public Health Pathogens Program (HHPHP) in the Office of Public Health/Clinical Public Health. She received her MPH in Epidemiology at the University of Washington, Seattle in 2004 and her PsyD from the PGSP-Stanford Consortium in Palo Alto, California in 2009. She completed her clinical internship at UCSF and her postdoctoral fellowship in HIV/HCV Psychology at the San Francisco VA. Her primary areas of interest are in the psychological care of patients with HIV and Hepatitis C, health psychology, and Acceptance and Commitment Therapy (ACT).

**John Devine, MD** is a staff psychiatrist General Psychiatry Outpatient Services and is an Associate Clinical Professor, Department of Psychiatry, University of California, San Francisco. Dr. Devine received his medical degree from the University of Vermont in 1988, and completed his internship and residency in psychiatry at the University of California, San Francisco in 1992. He served as Chief Resident in Psychiatry at the SFVAMC from 1992-93, and has since worked as a staff psychiatrist in the outpatient services. His interest include psychiatric education, psychodynamic psychotherapy, group psychotherapy, treatment issues related to affective disorders and the psychiatric issues of patients with HIV infection. Dr. Devine's most recent publication has been a chapter on psychotherapy of patients with HIV infection in a book entitled: The UCSF ADS Health Project Guide to Counseling: Perspectives on Psychotherapy, Prevention and Therapeutic Practice.

**Jeremy Doughan, PsyD** is an Assistant Clinical Professor of Psychiatry at UCSF School of Medicine and staff clinical psychologist at the San Francisco Department of Veterans Affairs Medical Center, Division of Geropsychiatry. Dr. Doughan provides clinical services to a number of programs and clinics throughout the medical center: Home Based Primary Care, Hospice/Palliative Care Service, Geriatric Medical Practice Clinic and Geropsychiatry Mood Assessment Clinic. Dr. Doughan received his undergraduate degree in psychology from the University of Minnesota. He subsequently received his master's and doctoral degree from the Minnesota School of Professional Psychology. During his graduate tenure, he completed an advanced practicum in geriatrics at the Minneapolis Department of Veterans Affairs Medical Center, a pre-doctoral APA clinical psychology internship at the Miami Department of Veterans Affairs Medical Center and APA postdoctoral fellowship in Clinical Psychology, with Geropsychology specialization, at the Department of Veterans Affairs Boston Healthcare System. He held academic appointments as a Teaching Fellow in

Psychiatry at the Boston University School of Medicine and Clinical Psychiatry Fellow at Harvard Medical School. Currently he is an Adjunct Professor of Psychology at the University of San Francisco. Dr. Doughan's interests include geriatric-neuropsychological evaluations, personality assessments of older adults, interpersonal psychotherapy of geriatric patients and academic teaching/supervision of trainees.

**Michael L. Drexler, PhD, CPRP** is the Director of the Telemental Health Section and Workplace Violence Prevention Coordinator, and is a staff psychologist and neuropsychologist at the San Francisco VA Medical Center. Prior roles at SFVAMC have included Clinical Director of the Psychosocial Rehabilitation and Recovery Center, Local Psychosocial Recovery Coordinator (LRC) for Severe Mental Illness, Geriatric Neuropsychologist and Geropsychologist. He continues to supervise Postdoctoral Fellows in the Hospice Unit. Before coming to the VA, he worked at Laguna Honda Hospital and Rehabilitation Center in San Francisco, serving as Director of the Neuropsychology Service, Program Director of Psychosocial Units (with a focus on SMI), and Psychosocial Coordinator of the Dementia Cluster. Dr. Drexler has worked as the consulting neuropsychologist for Geriatric Services of San Francisco, Garfield Geropsychiatric Hospital in Oakland, Morton Bakar Geropsychiatric Center in Hayward (during which time Telecare Corporation embraced the psychosocial rehabilitation model), and Letterman Army Medical Center in San Francisco. He is Assistant Clinical Professor at UCSF, Adjunct Professor of Neuropsychology and Neuropsychological Assessment at the California School of Professional Psychology of Alliant International University, Instructor in Psychosocial Rehabilitation, Geropsychology and Neuropsychology at UC Berkeley Extension, and is Lecturer, Level 6, teaching the Gerontology Focus courses at Notre Dame de Namur University in Belmont California. He is a Fellow of the National Academy of Neuropsychology, and board certified by the Psychiatric Rehabilitation Association (formerly the United States Psychiatric Rehabilitation Association). Clinical placements while in training included Pyramid Alternatives in Pacifica, Garfield Geropsychiatric Hospital in Oakland (now Garfield Neurobehavioral Center), internship was at SFVAMC, and his Postdoctoral Fellowship (focusing on neuropsychology and rehabilitation psychology) was completed at Laurel Grove Rehabilitation Hospital (Eden Hospital) in Hayward California. He received his doctorate from the California School of Professional Psychology of Alliant International University, Berkeley, in 1988.

**Maria Isabella Fernandez, MD** is the Director of Psychiatric Intensive Care Unit and Assistant Clinical Professor at University of California, San Francisco. She graduated medical school at the University of Barcelona and completed residency at UCSF and a fellowship in geriatric psychiatry at Brown University. Her areas of interest are inpatient psychiatry, mood disorders, electroconvulsive therapy, and geriatric psychiatry. She teaches and directly supervises 3rd year UCSF medical students on their core psychiatry rotation and lectures in medical student rounds. She has published in the areas of panic disorder and treatments with buprenorphine.

**Charles Filanosky, PhD, ABPP** is a Staff Clinical Neuropsychologist board certified in Rehabilitation Psychology. He is an Assistant Clinical Professor of Psychiatry at UCSF and plays an active role in SFVAMC's Center of Excellence in Primary Care Education. Dr. Filanosky is detailed to primary care where he evaluates veterans who screen positive for mental and behavioral health concerns and provides consultation services to the medical staff. He also performs neuropsychological evaluations for PNAP where he specializes in traumatic brain injury (TBI). In addition, he is involved in the coordination of services for returning OEF/OIF veterans, performs compensation and pension evaluations at San Quentin and Napa State and is a member of the Polytrauma Clinical Support Team. He conducts brief evidence-based

therapies including CBT and Problem Solving Therapy. Prior to this, he completed a two year post-doctoral residency in clinical neuropsychology and rehabilitation research at The Mount Sinai Medical Center in New York and was an adjunct member of the faculty at Hunter College of the City University of New York. He earned his doctorate at the Pacific Graduate School of Psychology (2004) and has a Master's degree in education from Boston University (1995). His research interests include neuropsychological assessment, TBI, applications of technology in within mental health, and coping with grief and bereavement.

**Susanna Fryer, PhD** is a staff clinical research psychologist and Adjunct Assistant Professor in the UCSF Department of Psychiatry. She completed her undergraduate work at Stanford University and earned her PhD from SDSU/UCSD's Joint Program in Clinical Psychology in 2009 after a clinical internship in psychology at the San Francisco VA Medical Center.

Dr. Fryer's research, funded by the NIH and the VA, applies neuroimaging and neuropsychological methods to study brain and behavior relationships in adolescent and young adult populations at risk for developing mental illness, with an emphasis on motivated behaviors and self-regulation. Her research focuses on i) improving our understanding of the cognitive features and brain alterations that underlie risk for, and conversion to, psychopathology, and ii) the brain-based mechanisms of how that risk might be ameliorated through psychotherapeutic intervention. She is a licensed clinical psychologist specializing in cognitive-behavioral therapy (CBT) and mindfulness-based techniques, and is particularly interested in how the latter can be applied to improve aspects of cognitive control and attention across traditional diagnostic nosologies. She supervises psychology trainees and provides evidence-based mindfulness and cognitive behavioral therapies in the General Psychiatry Outpatient Service.

**Chris Galloway, PhD** is Program Director for the Substance Use Transitions Program and a Staff Psychologist for the Substance Abuse Day Hospital and Drug and Alcohol Treatment Clinic. Additionally, he is the VISN 21 SUD Program Lead (the liaison for VA Central Office and the SUD programs at VA's in this region). Prior to these roles he developed and directed the Suicide Prevention Program at the SFVAMC, served as Co-Chair of the hospital's Disruptive Behavior Committee, Co-Chair for the Mental Health Service's Quality Improvement Committee, and led the Mental Health Service's Systems Redesign efforts. Volunteering outside of the VA he is President of the Board of the Greater SF Bay Area Chapter of the American Foundation for Suicide Prevention. After receiving his PhD in Clinical Psychology in 2006 from the University of North Carolina at Chapel Hill, he completed a Postdoctoral fellowship with the Dual Disorders team at the Center for Excellence in Substance Abuse Treatment and Education at the Seattle VA. Dr. Galloway offers opportunities for training in all aspects of assessment and treatment of addictions, as well as program development. Dr. Galloway's research interests include assessment, etiology, and treatment of substance abuse and comorbid mental health conditions as well as suicide prevention.

**Caitlin Hasser, MD** is the Director of the Women's Mental Health Program, the VA site director for UCSF psychiatry residency training program and Assistant Clinical Professor at UCSF. She completed medical school at the University of Virginia in 2003 and her psychiatry residency at UCSF in 2007. Dr. Hasser works as a consultant to the Women's Clinic, a multidisciplinary clinic designed to provide comprehensive services to women veterans. The women's mental health program is currently expanding with increases in the services provided to women as well as educational opportunities for trainees in this integrated setting. Her interests include affective and anxiety disorders during pregnancy and the postpartum period, intimate



partner violence screening, sexual trauma, post-traumatic stress disorder, primary care-mental health integration, multidisciplinary teaching and improving access to care. She has a strong commitment to teaching and regularly supervises psychology and psychiatry trainees. Her most recent publication is a perspective on intimate partner violence screening.

**Ellen Herbst, MD** is Associate Chief of the Substance Abuse Programs, staff psychiatrist and Assistant Clinical Professor of Psychiatry at UCSF. She is the Medical Director of the Substance Abuse Day Hospital (SADH) at the VA Medical Center, an intensive outpatient day program for patients with substance use and dual-diagnosis disorders. She has extensive clinical experience working with veterans with chronic mental illness, with a particular interest in substance use disorders, women's health, and post-traumatic stress disorder. In 2005, Dr. Herbst helped to design and implements a clinical trial investigating the effectiveness of D-cycloserine medication treatment combined with cognitive behavioral therapy for post-traumatic stress disorder. She also has a strong commitment to teaching and regularly supervises UCSF psychiatric residents, fellows, and medical students.

**William Q. Hua, PhD** is a staff psychologist in the Infectious Diseases and Liver clinics, where he provides psychosocial and behavioral support for veterans living with HIV and/or hepatitis C (HCV). He also mentors providers to provide specialty HIV and HCV mental health care to veterans living in rural communities through the Specialty Care Access Network Extension for Community Healthcare Outcomes (SCAN-ECHO) program. Dr. Hua is also the director of the HIV/HCV psychology training program. Prior to coming to the San Francisco VA in 2013, Dr. Hua received behavioral medicine training through the Palo Alto VA Health Care System psychology internship and fellowship programs. He completed his PhD in Clinical Health Psychology & Behavioral Medicine from the University of North Texas-Denton/University of North Texas Health Sciences Center. Dr. Hua is also a co-founder of a nonprofit organization called Here to Hope which focuses on promoting health and education for both HIV-positive and HIV-negative children living in children's homes in Guyana, South America. In 2010, he was recognized by the American Psychological Association for his local, national, and international work in addressing stigma and improving wellness in persons living with HIV/AIDS.

**Sabra Inslicht, PhD** is a Staff Psychologist at the PTSD Clinic at the San Francisco VA Medical Center (SFVAMC). She received her PhD in clinical and health psychology from the University of Pittsburgh, completed a clinical internship at the Palo Alto VA and clinical and research postdoctoral fellowships at Stanford, UCSF, and the SFVAMC. Within the PTSD program, Dr. Inslicht conducts evaluations of PTSD patients, sees individual therapy cases and specializes in evidenced based treatments for PTSD, including Prolonged Exposure and Cognitive Processing Therapy for PTSD. Research interests include biological risk and resilience in PTSD such as fear extinction processes and associated neurobiological correlates, pharmacological adjuncts to enhance fear extinction, and the application of these findings to the treatment of PTSD in veterans. She also conducts research on gender differences in biological moderators (e.g. neurosteroids) of the stress response in PTSD. She is available for consultation on both research and clinical activities.

**David Kan, MD** is the Associate Chief of Mental Health for Quality Improvement, Medical Director of the ORT Clinic and Medical Review Officer for SFVAMC. He received his medical degree from Northwestern University Medical School and completed his psychiatry residency at UC San Francisco. He has also

completed a Forensic Psychiatry Fellowship. He has supervised psychiatry and psychology trainees in the ORT and Substance Abuse Day Hospital and has won teaching awards through UCSF. His professional interests include addiction treatment, forensic psychiatry and assessment and treatment of special populations including the criminal justice populations. Dr. Kan also works part time for the City and County of San Francisco conducting evaluations and risk assessments. He is a member of the SFVAMC psychotherapeutic medications and co-chair of the Behavioral Alert Review committee. He authored the addiction chapter for First Aid for the Psychiatry and Neurology Boards published by McGraw-Hill Medical Publications. Dr. Kan was honored with "Teacher of the Year" in UCSF residency for 2012.

**Susan Karpenko, LCSW** is a clinical social worker and certified group psychotherapist from the American Group Psychotherapy Association. She received her graduate degree in Social Welfare from the University of California Berkeley. She is a staff member with the San Francisco VA's Substance Use and Posttraumatic Stress Disorder program (SUPT). She provides treatment for veterans with co-occurring substance disorder and complex trauma histories, including combat, military accident and military sexual trauma. She supervises trainees from multiple health care provider disciplines in the SUPT program. She is a leader in providing and maintaining the Anger Management groups. She practices evidence-based treatments, including Prolonged Exposure and Cognitive Behavioral Therapies and has adapted them to group therapy settings. She is key provider of group therapy training to psychology interns, externs, residents and social work interns.

**Jessica Keyser, PhD** is a Staff Psychologist who works primarily in the Substance Abuse Day Hospital. Prior to this role, she worked in the Opiate Treatment Program, specializing in individual and group psychotherapy with veterans on medication assisted treatment for opioid dependence. She also works with the Health Psychology team, conducting evaluations of candidates for gastric bypass surgery. She received her PhD from Temple University in 2010, after completing her internship training at the SFVAMC. Following her internship, she completed a postdoctoral fellowship at the SFVAMC specializing in substance use and co-occurring disorders. Dr. Keyser is a VA national training consultant for motivational interviewing. She uses a flexible, integrative approach with veterans, combining CBT and MI skills within a relational conceptualization. She is passionate about supervision and training and works with trainees to develop an individualized training plan to meet their specific goals. Dr. Keyser is also active on the Health Promotion, Disease Prevention Committee, specializing in hospital wide interventions to help veterans limit alcohol intake to lower risk levels. Her research interests primarily include emotional processes underlying mood, eating, and substance use disorders and cognitive vulnerability to depression, and she recently served as a study therapist on Dr. Maguen's investigation of a CBT based intervention addressing the impact of killing in combat.

**G. Dawn Lawhon, PhD** is the training director for the Posttraumatic Stress Disorder Clinical Team (PCT) and has been a member of the PCT staff since 2007. After receiving her PhD in Clinical Psychology and Women's Studies from the University of Michigan (2004), Dr. Lawhon completed a clinical post-doctoral fellowship in PTSD at the San Francisco VAMC (2005) and a NIDA-funded research fellowship in substance abuse treatment at the University of California, San Francisco (2007). Within the PTSD clinical program, Dr. Lawhon conducts evaluations, leads therapy groups, and treats patients in individual therapy, with emphasis on enhancing motivation for treatment, particularly in the context of complex trauma. She also conducts intakes and serves as a specialty PTSD consultant in the Behavioral Health Access Center. Dr. Lawhon

specializes in integrative group treatment of PTSD, in which psychoeducation and cognitive behavioral skill building are provided within a relational and mindfulness-based frame. She provides supervision to psychiatry residents, psychology interns, externs and fellows, and participates in the PCT educational seminar.

**Kewchang Lee, MD** is Director of the Psychiatry Consultation Unit at the SF-VAMC and Associate Clinical Professor of Psychiatry at the UCSF School of Medicine. He is actively involved in clinical and teaching activities, focusing on consultation-liaison psychiatry and mental health issues in the primary care setting. He is Director of the UCSF Fellowship Program in Psychosomatic Medicine, and has published several chapters in psychiatry, internal medicine, and geriatric medicine texts. Dr. Lee was educated at Harvard University, and received his MD at New York University in 1992. He was trained in the psychiatry residency program at UCSF.

**Russell Lemle, PhD** is Psychology Director, Mental Health Service and Associate Clinical Professor, UCSF Medical School, Department of Psychiatry. He obtained his doctorate from SUNY at Buffalo in 1979. He completed his pre-doctoral internship at UCLA Neuropsychiatric Institute and postdoctoral fellowship in Family Therapy at Langley Porter Psychiatric Institute. Between 1984 and 1993, he was Chief of the SFVAMC Outpatient Alcohol Clinic, during which period he authored articles on alcohol treatment and etiology. Since 1992, he has been the Psychology Director (formerly called Chief Psychologist). Other areas of professional interest, teaching and publications include couples therapy, psychotherapy process and group therapy. Dr. Lemle is on the Planning Committee of the yearly national VA Psychology Leadership Conference and mentors trainees who are interested in the development of mental health policy. For his significant contributions to national VA Psychology issues, he received an APA Presidential Citation in 2005, the APA Division 18 Harold Hildreth Award in 2011 and the Antonette Zeiss Distinguished Career Award of the Association of VA Psychologist Leaders in 2013. Dr. Lemle is a Fellow in APA Division 18

**Shira Maguen, PhD** is Director of the Psychology Fellowship Program for the VA Advanced Fellowship Program in Mental Illness Research and Treatment, Associate Professor of Psychiatry at UCSF, and a Staff Psychologist on the Posttraumatic Stress Disorder Clinical Team (PCT). Dr. Maguen completed her internship and postdoctoral training at the National Center for PTSD at the VA Boston Healthcare System after receiving her doctorate in Clinical Psychology from Georgia State University. She is involved with both the clinical and research components of the PTSD program. Within the PTSD clinical program, Dr. Maguen conducts evaluations and sees patients for individual therapy. She is involved in the provision of services for the returning Afghanistan and Iraq War veterans, and is the Mental Health Director of the OEF/OIF Integrated Care Clinic. Dr. Maguen specializes in evidence-based cognitive behavioral therapies, including Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) Therapy and for PTSD. She leads the CPT seminar and supervision group offered through the PCT. She provides supervision to psychology interns, externs and fellows, teaches psychiatry residents in training with the PCT, and participates in the PCT educational seminar. Her research interests fall under the umbrella of PTSD and include risk and resilience factors in veterans, the psychological impact of killing in war, mental health issues in female veterans, and sleep and PTSD.

**Megan McCarthy, PhD** is a staff psychologist with the Suicide Prevention Program and the Director of the Telemental Health Program. She completed her predoctoral internship at SFVAMC and received her

doctoral degree from the University of California, Berkeley. During fellowship at Cambridge Hospital/Harvard Medical School, she specialized in psychotherapies that focus on developmental and interpersonal aspects of psychopathology. As part of the suicide prevention program, Dr. McCarthy is based at the Santa Rosa CBOC and performs a range of clinical, administrative, and educational duties focused on the assessment, management, and treatment of suicidal behaviors in veterans at the Northern CBOCs (Santa Rosa, Ukiah, Eureka, and Clearlake). Dr. McCarthy is especially interested in interpersonal psychotherapy (IPT), models of clinical supervision, encouraging trainees to provide clinical care via videoteleconferencing, and bringing attachment research to bear on the development of more effective psychotherapies.

**John R. McQuaid, PhD**, is Associate Chief of Mental Health for Clinical Administration at the San Francisco VA Medical Center, and serves as a staff psychologist for the General Psychiatric Outpatient Service (GPOS). He completed his undergraduate education at the University of California, San Diego, his PhD at the University of Oregon, and his internship and postdoctoral fellowship at the University of California, San Francisco. Prior to joining the San Francisco VA in 2009, Dr. McQuaid worked at the VA San Diego Healthcare System and UCSD for 13 years as Director of a mood clinic. Dr. McQuaid's clinical and research expertise is in the development and use of cognitive-behavioral interventions for psychiatric disorders and health management issues. He has served as a PI, co-investigator or consultant on several treatment studies applying cognitive-behavior therapy to treatment of psychosis, comorbid depression and substance dependence, phantom limb pain and high risk sex behaviors. Dr. McQuaid also has extensive experience as a clinical supervisor, having twice received the teaching excellence award from the VA San Diego/UCSD Psychology Internship Program.

**Thomas Neylan, MD** is the Director of the Posttraumatic Stress Disorders (PTSD) Clinical and Research Programs at the San Francisco Veterans Affairs Medical Center. He is a Professor, In Residence in the Department of Psychiatry at the University of California, San Francisco. Dr. Neylan has been an active researcher in the study of sleep and Posttraumatic Stress Disorder for the past 18 years. He has been the Principal Investigator on multiple funded projects sponsored by the National Institutes of Health, the National Institute of Justice, the Department of Defense, and the Department of Veterans Affairs. Dr. Neylan has first-authored multiple articles in prominent psychiatric journals including the Archives of General Psychiatry, the American Journal of Psychiatry, Biological Psychiatry, Chronobiology International, Journal of Clinical Psychiatry, Journal of Traumatic Stress, Neuropsychopharmacology, and Psychosomatic Medicine. He has presented his research at national meetings such as the American Psychiatric Association, the American College of Neuropsychopharmacology, the American Sleep Disorders Association, and the International Society for Traumatic Stress Studies. Dr. Neylan has served on the National Institutes of Health, Center for Scientific Review, Adult Psychopathology and Disorders of Aging Study Section.

**Tatjana Novakovic-Agopian, PhD** is a Rehabilitation Neuropsychologist at SFVAMC TBI- Polytrauma Clinic. She is also an Assistant Professor at UCSF, and a Co-Director of the Program in Rehabilitation Neuroscience at SFVAMC, VANCHCS and UC San Francisco. She received her graduate education from Johns Hopkins University and California School of Professional Psychology, and her postdoctoral training at UCSF. Her clinical interests include assessment and cognitive rehabilitation/reintegration of individuals recovering from brain injury. Her research focuses on development and implementation of theory driven interventions for rehabilitation of executive control functions after brain injury, PTSD and in aging, and on

ecologically valid multi-level outcome assessment methods. She is currently a Principal Investigator and a Co-Investigator on VA Merit and DOD sponsored clinical research studies investigating effectiveness of cognitive trainings in Veterans with PTSD, and history of TBI. She served as chair of the Brain Injury Research Committee of the California Pacific Regional Rehabilitation Center, and is a past president of the Northern California Neuropsychology Forum. She has presented her work internationally and is an author of a number of peer reviewed publications.

**Nancy Odell, LCSW** is a clinical social worker on the Substance Use/ Posttraumatic Stress Team (SUPT) and an Associate Clinical Professor at the UCSF Medical School, Department of Psychiatry. She received her graduate degree in Clinical Social Work from Boston College and worked at the National Center for Posttraumatic Stress Disorder prior to working at the San Francisco VA Medical Center. She provides group supervision for psychiatry residents and coordinates the SUPT Clinical Training Seminar. Ms. Odell participated in an inter-cultural exchange in the Republic of Vietnam. She traveled to Vietnam and met with various mental health professionals, university and government officials to exchange treatment information on Posttraumatic Stress Disorder and substance use disorders. She participated in a treatment outcome study with Stanford University investigating the effectiveness of group psychotherapy for women diagnosed with Posttraumatic Stress Disorder from childhood sexual abuse. She participated in MIRECC and DOD funded studies investigating the effectiveness of exposure based treatments for Vietnam and Iraq/Afghanistan veterans. She has specialized training in Cognitive Processing Therapy (CPT) for the treatment of trauma and additional training in Mindfulness Based Stress Reduction treatment. She has extensive training in Control Mastery Theory and her orientation is cognitive/behavioral and psychodynamic. Ms. Odell has a private practice in San Francisco.

**Sarah Palyo, PhD** is the Manager of the Intensive Pain Rehabilitation Program and Behavioral Pain Programs for the SFVAMC Pain Clinic. She received her PhD in clinical psychology from the State University of New York at Buffalo and completed her clinical internship at the Palo Alto VA Medical Center. She completed a post-doctoral fellowship in Stanford University's Behavioral Medicine Clinic. Dr. Palyo specializes in the assessment and treatment of co-occurring chronic pain conditions and psychiatric disorders, with an emphasis on CBT and ACT based interventions. Treatment modalities include individual, group, and video conferencing sessions with patients in the Community Based Outpatient Clinics. Dr. Palyo is also involved in the development of the interdisciplinary Pain Clinic, which has plans to include a CARF-accredited, tertiary pain program. Dr. Palyo's research interests include co-occurring chronic pain and PTSD and resiliency.

**Kellie Rollins, PsyD** is the Director of Psychology Internship and Practicum Training Programs at San Francisco VA Medical Center (SFVAMC) and staff psychologist in the Opioid Treatment Program (OTP) within the Substance Abuse Programs at SFVAMC. She assumes a clinical educator role as Associate Clinical Professor in the Department of Psychiatry at the University of California, San Francisco School of Medicine. Dr. Rollins received her Doctor of Psychology degree from Nova Southeastern University in 2005 after completing predoctoral internship at Harvard Medical School/Boston VA Medical Center where she specialized in assessment and treatment of severe psychopathology in women Veterans and longer-term psychodynamic psychotherapy. She subsequently completed her postdoctoral fellowship at SFVAMC, focusing on the treatment of substance use disorders and posttraumatic stress and was hired on as staff in 2006. In her role as staff psychologist in ORT Clinic, she provides individual psychotherapy and group

psychotherapy for Veterans with substance use disorders and co-occurring psychiatric, personality/characterological and medical conditions. As Director of Psychology Training at SFVAMC, Dr. Rollins leads the APA accredited clinical psychology predoctoral internship and the practicum training programs. She is also Chair of SFVAMC Mental Health Service Quality Improvement (QI), Member-At-Large of the Executive Committee of the National VA Psychology Training Council (VAPTC) and Campus Training Representative for the APA Federal Education Advocacy Coordinators. Beyond the VA, she is chair of American Association for Treatment of Opioid Dependence (AATOD) conference workshop committee and has a part-time private practice and consultation business in San Francisco.

**Johannes C. Rothlind, PhD** directs the Neuropsychological Assessment Program at the SF VAMC. He is an Associate Clinical Professor of Psychiatry at UCSF. Dr. Rothlind obtained his PhD in Clinical Psychology from the University of Oregon in 1990, with a focus in neuropsychology. He completed his pre-doctoral clinical psychology internship at the UCSD/San Diego VAMC with special emphasis in geriatric neuropsychology. From 1990-1992 he completed a NIA-sponsored postdoctoral neuropsychology fellowship at the Johns Hopkins University School of Medicine, where he was engaged in mentored research on the neuropsychology of Huntington's disease and received further supervised training in clinical neuropsychology. Dr. Rothlind came to the SFVAMC in 1995 after several years on the faculty of the University of Maryland School of Medicine, as an assistant professor of psychiatry. His responsibilities at the SFVAMC include leadership of the operations of the Neuropsychological Assessment Program. He provides evaluation and consultation services to a wide range of clinical programs including the various clinics of the Mental Health Service, Medical Practice Clinics, the PADRECC, Memory Disorders Clinic, Comprehensive Epilepsy Program, and TBI clinic. He is the director of the Clinical Neuropsychology Residency training program at the San Francisco VA, and provides teaching and supervision to clinical psychology trainees at all levels of experience (practicum students, interns, post-doctoral fellows). He leads weekly training seminars and case-conferences reviewing core topics in neuropsychological and psychological assessment, including functional neuroanatomy, and theoretical and empirical foundations of clinical neuropsychological assessment and consultation. Dr. Rothlind also maintains active collaboration with SFVAMC and UCSF investigators studying the effect of deep brain stimulation for treatment of Parkinson's disease. His research interests also include developing methods for brief and reliable assessment of disorders of self-awareness in patients with neuropsychological disorders.

**Emily Sachs, PhD** is a Staff Psychologist at the San Francisco VA Medical Center (SFVAMC) specializing in pain management and trauma recovery in primary care, Pain Clinic and rural clinics via tele-mental health. To address the specific needs of Veterans returning from Iraq and Afghanistan with chronic pain, Dr. Sachs developed a specialized group program focusing on healthy pain coping, substance abuse prevention, and readjustment issues. Dr. Sachs also provides evidence-based training to medical staff regarding safe management of complex chronic pain patients. Dr. Sachs earned her PhD in Clinical Psychology at Fordham University in 2011, and completed her Clinical Internship and Postdoctoral Fellowship at the SFVAMC, with a focus on Pain Management, Primary Care Psychology and evidence-based treatments for PTSD. She has published original research articles on trauma and coping with chronic illness in the *Journal of Traumatic Stress* and the *Journal of Hospice and Palliative Medicine*.

**Martha Schmitz, PhD, ABPP** is a staff psychologist at the San Francisco Veterans Affairs Medical Center and Assistant Clinical Professor at University of California-San Francisco School of Medicine. She provides Posttraumatic Stress Disorder treatment to veterans residing in rural areas via telehealth, as well as at the

medical center. Dr. Schmitz offers continuing education workshops and consultation in the treatment of PTSD and substance abuse to clinicians both nationally and abroad. She began working with Lisa M. Najavits, PhD, author of *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*, as a postdoctoral fellow at McLean Hospital-Harvard Medical School in 2000 and continues to work as her associate through Treatment Innovations. She received her doctorate in counseling psychology from the University of Missouri-Columbia after earning her master's and bachelor's degrees from the University of California-Davis. She has collaborated on several research projects in both the United States and France. Her clinical and research interests include posttraumatic stress disorder, substance abuse, and resiliency in survivors of trauma.

**Courtney Smith-Kilbury, PhD** is a staff psychologist with the Mental Health Clinic at the Santa Rosa CBOC. She completed her pre-doctoral internship at the Bay Pines VAHCS and received her doctoral degree in Clinical Psychology from Virginia Commonwealth University in 2012. Following internship, she completed a postdoctoral fellowship specializing in substance use and co-occurring disorders at the San Francisco VAMC. As part of the Mental Health team in Santa Rosa, Dr. Smith-Kilbury provides individual and group psychotherapies, triage assessment and intervention, and clinical supervision to postdoctoral fellows. Clinically, she is interested in the assessment and treatment of substance use and comorbid disorders, particularly Social Anxiety Disorder and PTSD, and is certified as a national CPT provider.

**Mark Stalaker, PhD** is the Evidence-Based Psychotherapy Coordinator and staff psychologist with the General Psychiatric Outpatient Service (GPOS) and Posttraumatic Stress Clinical Team (PCT). He is also co-lead of the Dialectical Behavior Therapy (DBT) treatment team. After receiving his PhD in Social Psychology in 2004 from Harvard University, he obtained a Certificate of Clinical Respecialization from the University of Massachusetts at Amherst in 2006. He subsequently completed his clinical internship at the Baltimore VA Medical Center and postdoctoral fellowship in posttraumatic stress at the San Francisco VA Medical Center. Prior to transitioning to his current role, he served on the SFVA Suicide Prevention Team since 2009, and was program lead from 2010-2014. As EBP Coordinator, he serves as the administrative and clinical lead for implementation of evidence-based psychotherapies at SFVA. Dr. Stalaker's research and clinical interests include cognitive-behavioral and mindfulness-based interventions, with an emphasis on treatments for depression, PTSD, and borderline personality disorder. He serves as a national training consultant with the VA Cognitive Behavioral Therapy for Depression (CBT-D) training program.

**John Straznickas, MD** is the Team leader for the Substance Use Posttraumatic Team (SUPT) and a staff attending psychiatrist in the Substance Abuse Outpatient Clinic (SAOPC) at the San Francisco VA Medical Center. He is an Associate Clinical Professor in the Department of Psychiatry at the University of California, San Francisco School of Medicine, and has received several teaching awards from the residents in psychiatry including the Excellence in Teaching Award in 2004, 2007, 2008 and 2010. He organizes the substance abuse seminar for all the trainees and supervises the psychiatry residents and the psychology fellows, interns, externs and medical students. He has expertise in the theory and practice of group psychotherapy and leads two group supervision seminars for both faculty group leaders and psychiatry residents. Dr. Straznickas received his medical degree from Duke University and is a graduate of the UCSF psychiatry residency program.

**Michael Stroud, PhD** is a staff psychologist at the San Francisco VA Medical Center. He serves in the Pain

Clinic and POST Team. He is also the host site supervisor for the Strength to Serve program. He received a PhD from University of Alabama in 1998. He completed an internship at University of Washington Medical Center and remained there to complete two postdoctoral research fellowships in pain psychology. He also completed a postdoctoral fellowship in clinical health psychology at VA Connecticut Health Care System. His primary areas of interest are in pain psychology, clinical health psychology, and primary care psychology.

**Elizabeth S. Sutherland, PsyD** is the Geropsychologist for the Department of Geropsychiatry along with Assistant Clinical Professor, Department of Psychiatry at the University of California, San Francisco. Dr. Sutherland is also an adjunct professor at John F. Kennedy University. Currently, she has been serving as co-chair of the Disruptive Behavior Committee for several years covering SFVAMC and all the CBOC's. She completed her pre-doctoral internship at Mount Sinai Medical Center in Manhattan through the Department of Rehabilitation Medicine specialized in acute inpatient units for spinal cord injuries and traumatic brain injuries. Dr. Sutherland completed her postdoctoral fellowship at the San Francisco VA Medical Center, specializing in older adults for both inpatient and outpatient services. Research interests include evaluating the efficacy of interdisciplinary teams with individuals diagnosed with dementia within long-term care facilities.

**Alexander Threlfall, MD, MA** is the Associate Chief of Staff (ACOS) for SFVAMC MH operations in the community based outpatient clinics (CBOC's). He is also the acting director for mental health at the Santa Rosa CBOC. He completed his fellowship training in geriatric psychiatry at UCSF and the SFVAMC in June of 2011 after completing his residency training at the University of Pennsylvania in June of 2010, where he was chief resident of psychosomatics and emergency psychiatry at the Hospital of the University of Pennsylvania and inpatient services at the Philadelphia VAMC. He attended medical school at Texas Tech School of Medicine in Lubbock, TX, which provided a unique opportunity for training in rural setting. As the ACOS for MH – CBOC's, Dr. Threlfall has brought his clinical expertise and administrative background to facilitate the continued innovation of mental health care within the SFVAMC's CBOC's across both the generational and clinical spectrum.

**Hui Qi Tong, PhD** is a staff psychologist and psychology training director for the Women's Mental Health Program at the Women's Clinic, San Francisco VA Medical Center. She is a supervising staff for the Interpersonal Psychotherapy Clinic at SFVAMC. She is Clinical Assistant Professor, UCSF, School of Medicine. Dr. Tong received her medical degree from Shanghai Medical College, Fudan University in China and her PhD in Clinical Psychology from Palo Alto University. She completed her psychiatric residency program at Shanghai Mental Health Center, Shanghai Jiao Tong University and her psychology internship and fellowship at the San Francisco VA Medical Center. She has expertise in research-informed psychotherapy and works with an integrative approach. In her clinical work, Dr. Tong conducts CBT-based intervention (i.e. Seeking Safety), Interpersonal Psychotherapy (IPT), Time-limited Dynamic Psychotherapy (TLDP) and Mindfulness-Based Interventions (i.e. MBSR, ACT). Dr. Tong is also actively involved in the Global Mental Health Program at UCSF, conducting PTSD research and providing training in psychotherapy in China.

**Joni L Utley, PsyD** is a Staff Psychologist in the Drug and Alcohol Treatment (DAT) Clinic and the



Substance Abuse Day Hospital (SADH). She completed a 2-year postdoctoral fellowship at VA Boston Healthcare System, where she specialized in treating PTSD/SUD and held an academic appointment at the Boston University School of Medicine. Prior to this, she completed her internship at the University of Massachusetts Medical School/Worcester State Hospital, where she obtained a broad range of clinical training experiences with a focus on trauma, addictions, and co-occurring disorders. Dr. Utley earned her doctoral degree in Clinical Psychology from Regent University in Virginia Beach, VA. She has research experience in PTSD, SUD, posttraumatic growth, and cognitive behavioral couples' therapy. In addition to her current role at the San Francisco VA, Dr. Utley is an associate for Lisa Najavits, PhD (developer of Seeking Safety) with Treatment Innovations, a company that provides training and consultation for evidence based practice with PTSD/SUD. She is also a veteran; she served 5 years active duty and is currently a Lieutenant Commander (O-4) in the Coast Guard Reserve.

**Angela Waldrop, PhD** is Interim Director of the Stephen M. Rao Fellowship in Interprofessional LGBT Health Care. She is an Assistant Adjunct Professor of Psychiatry at UCSF and a Staff Psychologist on the PTSD Clinical Team at the San Francisco VAMC and at the San Francisco Downtown Clinic. She received her doctorate in clinical psychology from the University of Missouri-St. Louis. She completed her predoctoral internship and a NIMH-funded research postdoctoral fellowship at the Medical University of South Carolina, primarily at the National Crime Victims Research and Treatment Center. Her clinical expertise is in the treatment of PTSD, anxiety and mood disorders, and substance use disorders, with a focus on the application of empirically-based treatments.

**Samuel Wan, PhD**, is a Staff Psychologist with the SFVAMC Substance Use and PTSD Clinic (SUPT) and is an Assistant Clinical Professor of Psychiatry at UCSF. He is also interim Co-Director of Postdoctoral Fellowship Training at the SFVAMC. He completed his predoctoral internship with the Boston Consortium in Clinical Psychology and postdoctoral fellowship in Substance Use Disorders at the San Francisco VA Medical Center. He received his PhD in Counseling Psychology from Boston College, and subsequently collaborated on a clinical research project investigating the efficacy of treatments for co-occurring chronic pain and PTSD. As team member of the SUPT clinic, Dr. Wan performs a range of clinical, administrative, and educational activities focused on the assessment, management, and treatment of co-occurring substance use disorders and PTSD in the veteran population. Dr. Wan's clinical interests include substance use disorders, posttraumatic stress disorder, multicultural psychology, particularly Asian American psychology, and gender issues. He is currently serving as Chair of the Planning Committee for the Annual VA Psychology Leadership Conference, Member-At-Large for Division 51 (Society for the Psychological Study of Men and Masculinity), Member of the VA Psychology Training Council's Multicultural and Diversity Committee, and as Chair of the Psychology Diversity Committee. For 2014, Dr. Wan was awarded a Presidential Citation by APA President, Dr. Nadine Kaslow, and in 2012, he was selected as the James Besyner Early Career Award for Distinguished Contributions to VA Psychology by the Association of VA Psychologist Leaders. For 2008-09, Dr. Wan was an Early Career Leadership Fellow with the Asian American Psychological Association, a leadership development program that he subsequently co-chaired for several years.

**Joan Zweben, PhD** is part time staff psychologist at the VA where she supervises trainees in issues related to the treatment of addiction. Dr. Zweben is a Clinical Professor in the Department of Psychiatry, UCSF Medical Center. Dr. Zweben is an APA Fellow in the Addiction Division since 1997. Most of her time is spent

as Director of the East Bay Community Recovery Project in Oakland, a substance abuse treatment program that provides psychological and medical services in residential and outpatient settings, and also offers supportive housing. Dr. Zweben is widely known as a consultant in the area of drug and alcohol treatment. She is an author of four books and over 70 journal articles and book chapters on substance abuse issues. She does consulting and training in a wide range of drug and alcohol treatment modalities.

**Leila Zwelling, LCSW** is a clinical social worker with the San Francisco VA's Women's Clinic Mental Health Program and an Assistant Clinical Professor with UCSF's Psychiatry Department. She provides gender-specific treatment for female veterans with complex trauma histories, including childhood abuse, combat and military sexual trauma, and intimate partner violence. Ms. Zwelling is VA certified in evidence-based treatments, including Prolonged Exposure and Interpersonal Psychotherapy, and she was recently selected as a Staff Consultant for the VA's national Interpersonal Psychotherapy Rollout Program. Ms. Zwelling supervises trainees in the Women's Integrated Care Clinic, providing mental health treatment and consultation in the primary care setting. As the clinics' Intake Coordinator, she has played a key role in the expansion of women's mental health services at the San Francisco VA. She also teaches a weekly seminar on Interpersonal Psychotherapy for psychology students. A graduate of the University of Virginia, she completed clinical training with UCSF's Infant-Parent Program, and worked in San Francisco General Hospital's Psychiatry Department prior to joining the VA.



**APPLICATION**  
**San Francisco Department of Veterans Affairs Medical Center**  
**Postdoctoral Psychology Fellowship**

**\*This form is to be submitted in APPA CAS as “Other”.**

Application(s) Deadline: December 1, 2014  
Please print clearly.

**I. Identifying Information**

Name: U.S. Citizen? YES / NO (MUST BE TO APPLY)

Mailing Address:

Email:

Work Telephone:

Home Telephone:

Mobile Telephone:

Please provide the telephone number where you can be reached at 7am (PST) on 02/17/2015:

**Program Emphasis to which you are applying, please rank order ONLY those to which you are interested**

The **San Francisco VA Medical Center** will be offering seventeen (17) one-year postdoctoral psychology fellowships in 2015-2016 with **emphasis** areas in:

- ☐ Community-Based, General Mental Health Fellowship (2 positions located at the Santa Rosa CBOC)
- ☐ Evidence-Based Psychotherapy in General Mental Health, Women's Mental Health and Primary Care
- ☐ Geropsychology (2 positions)
- ☐ HIV/HCV
- ☐ Interprofessional LGBT Healthcare
- ☐ Pain Psychology
- ☐ Primary Care Psychology (4 positions)
- ☐ PTSD and Returning Veterans
- ☐ PTSD and Substance Use Disorders Treatment
- ☐ Psychosocial Rehabilitation
- ☐ Substance Use and Co-occurring Disorders Treatment
- ☐ Women's Mental Health and Trauma

**III. Doctoral Program**

**Doctoral Program:**

**Program APA-approved?** YES / NO (MUST BE APA-APPROVED TO APPLY)

**Program Type:** Clinical / Counseling University / Professional

**Doctoral Degree:** Psy.D. / Ph.D. **Completed?** YES / NO

**Dissertation title and date completed:**

If not completed, ***please provide contact information for your dissertation chairperson including*** a letter of support describing your dissertation status and timeline.

**Dissertation Chairperson:**

**Email:**

**Phone:**

#### **IV. Internship Program**

**Pre-Doctoral Internship Program:**

**Internship APA-approved?** YES / NO (MUST BE APA-APPROVED TO APPLY)

**Pre-Doctoral Internship Completed (date):**

If not completed, ***please provide contact information for your Pre-Doctoral Internship Training Director including*** a letter indicating you are in good standing and when you are expected to graduate.

**Director of Training:**

**Email:**

**Phone:**

**V. Postdoctoral Experience** Postdoctoral Experience(s), if any, please list:

## **VI. Required Application Materials**

1. Application form
2. Current Curriculum Vitae
3. Official graduate school transcript(s)
4. Three (3) letters of recommendation
5. Two (2) essay responses (see emphasis area for specifics)
6. Supplemental materials (as requested by emphasis area).

### **Essay Questions:**

Use no more than one typewritten page to answer each of the following:

1. Discuss your relevant experiences and interests in the emphasis areas to which you are applying. This may involve a discussion of assessment/consultation, clinical and research experiences, and include details such as types of patients seen, clinical or research activities performed, and supervision received that is not included in your CV or supplements and elaborates on your CV. Discuss how these experiences pertain to your goals for this fellowship, including specific interests, gaps or deficiencies in past training or experience, career goals, and reasons why this fellowship would be a “good fit.”
2. We are interested in learning of case experiences you have had in providing assessment, consultation, and/or clinical intervention services to persons perceived to be very different from yourself. How have you addressed such perceived differences in clinical activities, and how has your approach affected the clinical service provided (Please be sure to remove all identifying information).

### **Supplemental Application materials as requested per emphasis area:**

**Substance Use and Co-occurring Disorders Treatment / Women’s Mental Health and Trauma / Pain Psychology:** No supplemental essays requested – **please submit essays 1 & 2.**

**PTSD and Returning Veterans / PTSD and Substance Use and Co-occurring Disorders Treatment:**

- 1) Please **OMIT essay 1.**
- 2) Please **ANSWER essay 2.**
- 3) If **ONLY** applying for PTSD-RV, please provide the supplemental essay below.  
Essay Question: What are the ways you feel that trauma affects the individual?
- 4) If applying for **PTSD-SUD or applying for both PTSD-SUD & PTSD-RV**, please provide the supplemental essay below.  
Essay Question: What are the ways you feel that trauma and substance use disorders affect the individual?

**Psychosocial Rehabilitation:** Please only answer essay question 1 (OMIT essay 2). You may use up to 3 pages for your response.

**Evidence-Based Psychotherapy in General Mental Health, Women’s Mental Health and Primary Care:** Please only answer essay question 1 (**OMIT essay 2**).

**Geropsychology / HIV/HCV / Interprofessional LGBT Healthcare / Primary Care Psychology / Community-Based, General Mental Health Fellowship:** Two work samples (e.g. at least one of which is a redacted clinical evaluation summary; other work-samples may include published manuscripts on which you are main author, additional clinical evaluation summaries, or other manuscripts or evidence of scholarly and/or clinical productivity and proficiency).

#### **IV. Application Checklist**

- \_\_\_\_\_ Completion of Application Form
- \_\_\_\_\_ Current Curriculum Vitae
- \_\_\_\_\_ Official Graduate Transcript mailed directly from the University Registrar
- \_\_\_\_\_ Three (3) letters of recommendation in support of your application
- \_\_\_\_\_ Dissertation title and date completed. If not completed, please provide contact information for your dissertation chairperson including a letter of support describing your dissertation status and timeline.
- \_\_\_\_\_ A letter of support from your current Internship Training Director indicating that you are in good standing to successfully complete your predoctoral internship, including the expected completion date. If already completed, you can mail a copy of your pre-doctoral internship certificate.
- \_\_\_\_\_ Essay questions (where applicable)
- \_\_\_\_\_ Supplemental Application materials for each emphasis area to which you are applying (where applicable)
- \_\_\_\_\_ **Please submit all application materials electronically to APPA CAS by December 1, 2014, 11:59pm PST.**

**Please do not mail any materials in hard copy form with the exception of the Official Graduate School transcript that will be mailed directly from the University Office of the Registrar to:**

**Attention: Ms. Jamye Kubick  
San Francisco VA Medical Center  
4150 Clement Street (116B)  
San Francisco, CA 94121**

***Thank you for your interest in and consideration of the SFVAMC Psychology Fellowship Program for your postdoctoral training!***